

10048194



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
 DC METRO AREA (202) 366-0123
 INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received: _____
 Odor: _____
 n-d: _____
 ad-t: _____
 Reference No. 7/1 S: 39

OWNER INFORMATION (Type or Print)

STREET NO. [REDACTED] APT. NO. [REDACTED]
 CITY: Fredericksburg STATE: VA
 ENTER ZIP CODE: [REDACTED]

ZIP CODE 1-5: [REDACTED] AREA CODE: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
 Yes
 No

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

SIGNATURE: [REDACTED] DATE: November 3, 2003

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) LA6CD7ZY6RAB19297 VEHICLE MAKE Honda VEHICLE MODEL Accord LX MANUFACTURE DATE _____ MODEL YEAR 1994

VEHICLE MANUFACTURER:
 BMW Ford Honda Nissan Subaru Volvo Other
 Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE 1994 DEALER'S NAME Gilman CITY San Antonio STATE TX ZIP CODE 78209

ENGINE SIZE (CID/CC/L) _____ FUEL SYSTEM Turbo Fuel Injection Diesel Gas
 NO. CYLINDERS 4 TRANSMISSION TYPE Manual Automatic
 ANTILOCK BRAKES Yes No
 RESTRAINT SYSTEM: Driver's Side Airbag 2-Point Belt
 Passenger's Side Airbag Motorbelt
 3-Point Belt
 CRUISE CONTROL Yes No

DRIVETRAIN: Front 4-Wheel Rear
 VEHICLE TYPE: Car Minivan Truck Other
 Van Sport Utility Motorcycle
 DOORS: 2-Door 4-Door
 BODY STYLE: Hatchback Pick Up Truck Sedan Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Child Seat Electrical Lights & Alarms Engine & Cooling System Equipment Fuel System, Exhaust Heater, Defrost, Ventilation Interior Parking Brake Power Train Service Brakes Steering Structure Suspension Visual Systems Other ABS

NO. OF FAILURES: [REDACTED]

INCIDENT DATE: in 2001

MILEAGE AT INCIDENT: < 80000

VEHICLE SPEED AT INCIDENT: _____

FAILED PART(S): Original Replacement

Te report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

TIRE NAME: _____ COMPLETE TIRE SIZE: _____

TIRE BRAND:
 BF Goodrich Cooper Firestone Goodyear Kelly Springfield Michelin Yokohama Other _____

HANDICAPPED ADAPTIVE: Yes No
 FAILED PART(S) AVAILABLE: Yes No
 NHTSA PREVIOUSLY CONTACTED?: Yes No

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.

CRASH: Yes No
 FIRE: Yes No

NUMBER OF PERSONS INJURED: [REDACTED]
 NUMBER OF FATALITIES: [REDACTED]

CAUSE OF INCIDENT:
 Wear/Comoded/Rust Noisy Loss of Control
 Weak/Poor Fit/Loose Leaks Poor Visibility
 Cut/Torn Short Inadvertent Start
 Disconnect/Fall Off Loose/Sticks/Grabs Rollover
 Erratic/Poor Performance Stability/Vibration Stalls
 Excessive Effort Broken Sudden Acceleration

