



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received

Repository ☐

2004 MAR 11 10:42  
28-JAN-2004

Reference No.  
10056902

## OWNER INFORMATION (Type or Print)

Name

Address

City BLAIRSTOWN

State NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1HGCD56335

Make

HONDA

Model

ACCORD

Model Year

1985

Date Purchased

6/29/95

Dealer's Name and Telephone Number

5th Essex Honda (973) 383-8188

Engine:

No. Cylinders 4

Fuel Type:

unleaded

Original Owner

☒

Dealer's City

Newton

State

NJ

Zip Code

07860

Transmission Type

AUTOMATIC

☐ Antilock Brakes

☒ Cruise Control

Powertrain

front wheel drive

Vehicle Component Code

072200 FUEL SYSTEM, GASOLINE DELIVERY: HOSES, LINES/PIPING, .

Multiple Failure: 3

## FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

30-OCT-2003

Failure Mileage

120000

Failure Speed

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

VEHICLE WAS TAKEN TO THE DEALER BECAUSE FUEL WAS LEAKING. DEALER REPLACED TWO FUEL LINES, TWO BRAKE LINES, AND ONE VENT PURGE LINE. \*AK

A steady stream of fuel was coming out from under the car from a point approx. under the right rear of the driver's seat. These fuel/brake lines are close together under the car, running from front to back. Had the brake line(s) ruptured as the fuel line did, the rear brakes would not have functioned properly.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in this National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.