

 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 100145 Date Received: 20 MAR 2004 Repository: <input type="checkbox"/> Reference No.: 10064838	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received: 20 MAR 2004 Repository: <input type="checkbox"/> Reference No.: 10064838	
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: SAN JOSE	State: CA	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 PLEASE FILL IN: 1HGCG2257W		Make: HONDA	Model Year: 1998
Date Purchased: 3/02	Dealer's Name and Telephone Number: Private Party		Model: ACCORD
Original Owner: <input type="checkbox"/>	Dealer's City:	State:	Zip Code: 530
Transmission Type: Automatic	<input type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Cruise Control	Engine: 2.3L	Fuel Type: gas
Vehicle Component Code: 103000 POWER TRAIN/AUTOMATIC TRANSMISSION		Multiple Failures: 2	
FAILED COMPONENT(S) INFORMATION			
Incident Date(s): 01-APR-2001	Failure Mileage: 90000	Failure Speed: Stopped	Failure Location: _____
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: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: 0	Number of Deaths: 0
			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). THE VEHICLE'S TRANSMISSION PRODUCED A CLICKING SOUND WHEN SHIFTING GEARS. THE DEALER STATED THAT THE TRANSMISSION NEEDED TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NM			
FAILED COMPONENT(S) BY PART(S) LOCATION			
<input type="checkbox"/> Left Side Control	Wheel(s) Affected: 5		
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY.			

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and its agents. 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.

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

The transmission makes a noise when it is pulled & when it is shifting gears it takes off & pulls as it shifts causing the car to rattle.

I took car for 60K miles... wrote & told Honda representative about the problem. Don Carlos, CA Honda dealer inspected & said it needed to be replaced. They mentioned it was common.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-800-527-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety Administration
http://www.safercar.gov