



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 368-0125
INTERNET: <http://www.nhtsa.dot.gov>

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

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received	City or _____
File No. _____	State _____
10073459	Year _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME: [REDACTED]

STREET NO. Chester Field APT. NO. MO

CITY _____ STATE _____

ENTER ZIP CODE _____

ZIP CODE + 4 _____ AREA CODE _____

DAYTIME 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 and address to the vehicle manufacturer.

SIGNATURE OF OWNER _____ DATE _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<u>1HGCR61649WA075051</u>	<u>Honda</u>	<u>Accord</u>		<u>1998</u>
VEHICLE MANUFACTURER	<input type="radio"/> BMW <input type="radio"/> Ford <input checked="" type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L <input type="radio"/> M <input type="radio"/> N <input type="radio"/> O <input type="radio"/> P <input type="radio"/> Q <input type="radio"/> R <input type="radio"/> S <input type="radio"/> T <input type="radio"/> U <input type="radio"/> V <input type="radio"/> W <input type="radio"/> X <input type="radio"/> Y <input type="radio"/> Z
PURCHASE DATE <u>11-98</u>	DEALER'S NAME <u>Huey's Honda</u>	CITY <u>Frontenac</u>	STATE <u>MO</u>	ZIP CODE <u>63131</u>
ENGINE SIZE (CID/CC/L) _____ NO. CYLINDERS _____	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear		VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt
DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door		BODY STYLE <input type="radio"/> Hatchback <input checked="" type="radio"/> Sedan <input type="radio"/> Stationwagon <input type="radio"/> Pick Up Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <u>Transmission Lock</u>	NO. OF FAILURES <u>3</u>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>9/01, 11/01, 2/02</u>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT <u>0</u>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE <input checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> 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 <input checked="" type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <u>0</u>	CAUSE OF INCIDENT <input type="radio"/> Wear/Concaved/Flat <input type="radio"/> Noisy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Lacks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Loose/Sticks/Obsts <input type="radio"/> Erratic/Poor Performance <input checked="" type="radio"/> Excessive Effort <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <u>0</u>		