



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 100078

Date Received

Repository

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Reference No.  
10087070 ✓

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City OLD BRIDGE 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 call or disclose your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_

Date 8/10/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located at bottom of windshield on driver's side <u>1HGCD6636TA</u>		Make <u>HONDA</u>	Model <u>ACCORD</u>	Model Year <u>1998</u>
Date Purchased _____	Dealer's Name and Telephone Number _____		Engine: No. Cylinders <u>4</u>	Fuel Type: <u>Gas</u>
Original Owner <input checked="" type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type <u>AUTOMATIC</u>	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain <u>FRONT WHEEL DRIVE</u>	Vehicle Component Code <u>16000 VEHICLE SPEED CONTROL</u>	
Multiple Failure: <u>1</u>				

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

Incident Date(s) <u>03-AUG-2004</u>	Failure Mileage _____	Failure Speed _____	_____
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make _____	Tire Model (Name or Number) _____	Tire Size (Example P216/56R16) _____
DOT No. (Example: DOTM19ABC036) _____	<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 _____	Number of Deaths _____	Reported to Police <u>N</u>
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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).

INTERMITTENTLY WHILE PARKING VEHICLE EXPERIENCED SUDDEN ACCELERATION WHEN SHIFTING FROM PARK INTO REVERSE. CONSUMER WAS ABLE TO PUT VEHICLE IN NEUTRAL AND CUT OFF THE ENGINE. \*AK

*FORWARD*

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 the 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.

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

MY HUSBAND WAS FACING UP HILL ATTEMPTING TO PARK. THE CAR WAS ROUGH IDLING- THEN SUDDENLY ACCELERATED. ABOUT 8 MINUTES AGO, MY HUSBAND WAS FACING DOWN HILL, FIGHTING UP TO MAIL A LETTER, THE CAR ACCELERATED. MY HUSBAND PUT THE CAR IN NEUTRAL TO STOP THE ACCELERATION.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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 78173 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



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DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline (DASH) 2 DOT



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