



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
1-888-327-4236
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY

RECEIVED
Data Received
NOV 30 PM 12:08
OFFICE OF INVESTIGATION
DEFECTS

Od_or _____
rl_dt _____
od_r _____
up_itr _____

Reference No.

551636

OWNER INFORMATION (Type or Print)

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 or address to the vehicle manufacturer.

Signature of _____

Date 31 / 100

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) <u>1HGCD7137EA030785</u>	(Located at bottom of windshield on driver's side)	Vehicle Make <u>HONDA</u>	Vehicle Model <u>Accord</u>	Vehicle Year <u>1994</u>	Current Odometer Reading <u>80000</u>
Purchased Date <u>4-8-97</u>	Dealer's Name <u>NAPLETON'S AUTO WORKS 6600 E. RIVERSIDE AVE</u>	Engine Size (CID/CC/L) <u>4-cyl</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	State <u>Ill.</u>	Zip Code
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City <u>ROCKFORD</u>	No. Cylinders <u>4</u>			
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
					Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s) <u>BALANCE SHAFT SEAL</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>ONE</u>	Date(s) of Failure(s) <u>1-23-00</u> Mileage at Failure(s) <u>78,572</u> Vehicle Speed at Failure(s): <u>25 to 30</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

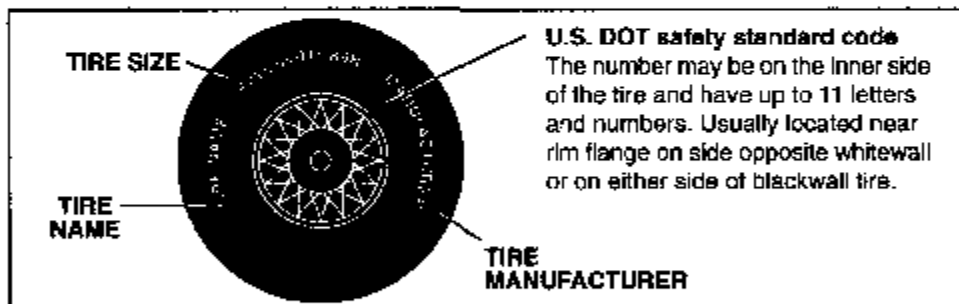
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured	Number of Fatalities	Estimated Property Damage \$ _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	------------------------	----------------------	---------------------------------------	--

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
-----	--------------	-----------	--------------------



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 maybe used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration 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)

A HONDA ACCORD IS KNOWN FOR IT'S ENGINE BEING RELIABLE. I TAKE GOOD CARE OF MY CAR, GET REGULAR OIL CHANGES AND I'M ON THE HONDA SERVICE PLAN. NO CAR SHOULD HAVE BLOWN A SEAL AT 78,572. I ALSO UNDERSTAND FROM THE CLERK AT AUTO CLINIC OF ROCKFORD, THAT THEY HAVE HAD A LOT OF CIVIC'S AND HONDA ACCORD'S WITH THIS SIMILAR PROBLEM BETWEEN THE YEARS 1994 THROUGH 1998

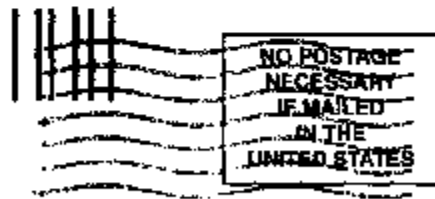
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

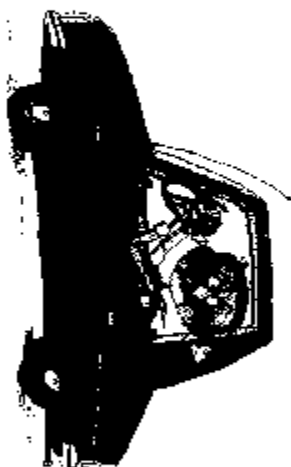
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/hotline>

AUTO CLINIC OF ROCKFORD, INC.
4109 EAST STATE STREET
ROCKFORD, IL 61108
815-398-4010
 FAX : 98-4016

----- CUSTOMER -----

----- VEHICLE -----

SYMPTOM :
 SERVICE :
 YR/MAKE : 94 HONDA ACCORD DX
 LICENSE : SKP162
 VIN :
 MLG : 78,572

Date: 01/25/2000 Due Date: 01/25/2000 **INVOICE NUMBER 19373** SKP162 PAGE: 1

COMMENTS & DESCRIPTION OF CHARGES	PRICE	PARTS & LUBRICANTS USED	QTY.	PRICE	TOTAL
VEHICLE TOW	50.00	TIMING BELT T197	1	59.70	59.70
REPAIR TIMING BELT	251.00	BALANCE SHAFT BELT T196	1	27.70	27.70
		BALANCE SHAFT SEAL	1	5.08	5.08
		10W30 BMW OIL	3	1.88	5.64

Seal

LABOR	312.00	PARTS	98.12
SUBLET	0.00	SHOP SUPPLIES	0.00
		HAZ. DISPOSAL	0.00

Authorization : This vehicle will be reassembled within 3 days of the date shown above if I do not authorize the recommended services.

VISA.

THANK YOU FOR YOUR BUSINESS

SUB-TOTAL	409.12
SALES TAX	6.13
TOTAL	415.25
AMOUNT PAID	415.25

Estimates Record ACCEPTANCE SIGNATURE _____

DATE TIME PHONE APPROVED BY TOTAL PARTS(add) LABOR(add) INCREASE CALLER REASON FOR ESTIMATE INCREASE

I authorize the above repairs and necessary materials. Your employees may operate vehicle for inspection, testing, delivery at my risk. You will not be responsible for loss or damage to vehicle or items left in it. I agree to pay reasonable storage on vehicle left more than 48 hours after notification that repairs are completed. An express Mechanics Lien is acknowledged on above vehicle to secure the amount of repairs thereto. Labor is guaranteed for 90 days or 4000 miles whichever occurs first. All other guarantees are those made exclusively by the manufacturer. Warranty work that is based on this repair order must be performed at this shop. **ALL REMOVED PARTS WILL BE DISPOSED OF UNLESS I INITIAL HERE**