



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 241

Date Received

10-DEC-2001

Od. or

rt. dt

pd. rt

rp. ltr

Reference No.

8000516

Do you authorize NHTSA to provide a copy of 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) <small>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JHMCG65811C009718	HONDA	ACCORD	2001	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
				Vehicle Type
				<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
				Body Style
				<input 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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 28-NOV-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 17000		
	Vehicle Speed at Failure(s)		

### APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE BOUNCE OFF THE CURB AT APPROXIMATELY 10 MPH. LATER ON PANEL COVER WAS NOTICED OFF. DEALER WAS NOTIFIED, AND INFORMED THAT SENSOR MUST HAVE SENT OUT A SIGNAL, BUT THE AIR BAG FAILED TO DEPLOY. FEEL FREE TO PROVIDE ANY FURTHER DETAILS CONCERNING THIS MATTER. \*AK

CONTINUE ON REVERSE

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.



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

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY 241

Date Received <b>NOV 27 11-DEC-2001</b>	Od_or rt_dt od_rt up_itr
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Reference No.  
**8000516**

### OWNER INFORMATION (Type or Print)

729689

Work Number  
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
in the absence of a signature and address to the vehicle manufacturer.  YES  NO  
Signature of Owner \_\_\_\_\_ Date **1/2/02**

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>JHMCG65811C009718</b>	Vehicle Make <b>HONDA</b>	Vehicle Model <b>ACCORD</b>	Vehicle Year <b>2001</b>	Current Odometer Reading <b>17,323</b>
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Purchase Date <b>2/9/2001</b>	Dealer's Name <b>Curry Honda</b>	Engine Size <b>(CID/CYL) 2.3L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>Chicopee</b> State <b>MA</b> Zip Code <b>01020</b>	No. Cylinders <b>4</b>	

Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motor-belt <input type="checkbox"/> 2-Point Belt	Crise Contro <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trai <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
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### FAILED COMPONENT(S)/PART(S) INFORMATION

Component <b>12111000</b>	Part Name(s) <b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <b>21 NOV-2001</b> Mileage at Failure(s) <b>17000</b> Vehicle Speed at Failure(s) <b>10 mph</b>	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

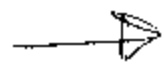
### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>0</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>not required</i>
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE BOUNCE OFF THE CURB AT APPROXIMATELY 10 MPH. LAYER ON PANEL COVER WAS NOTICED OFF. DEALER WAS NOTIFIED, AND INFORMED THAT SENSOR MUST HAVE SENT OUT A SIGNAL, BUT THE AIR BAG FAILED TO DEPLOY. FEEL FREE TO PROVIDE ANY FURTHER DETAILS CONCERNING THIS MATTER. \*AK



CONTINUE ON BACK IF NEEDED

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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

On November 21, 2001 I was involved in a single car "accident". Briefly stated, I hit a curb at a speed of approximately 10 mph. The damage to my car, a 2001 Honda Accord EX, was minimal and amounted to scratches on the passenger side front tire and bumper. When I opened the passenger side door, I noticed that the upholstery of the passenger side seat was ripped out, exposing the passenger side airbag. The airbag remained folded in the seat. I was astonished that the airbag deployed for a few reasons: I was traveling at a low speed and contact was minimal; there was no sound of the airbag being ejected from the seat; and my car was free of the noticeable scent of the propulsion chemical and free of the smoke. Subsequent conversations with my insurance representative, the service technician at Independence Honda in Bloomsburg, Pennsylvania, the body shop manager at Independence Honda, and a service technician at Curry Honda in Chicopee, Massachusetts, where the car was bought, confirmed that the airbag did not deploy. Of those mentioned, only the representative from Curry Honda did not visually confirm this fact. The Honda trained specialists determined that the signal for the airbag had been sent, but the bag did not deploy. To be sure, the local field representative for the Bloomsburg area was called to inspect the vehicle, as she is the only person who can inspect the car to determine whether there was a defect. The request was denied. On December 4, 2001, I filed a formal complaint with Vivian at Honda Customer Service. Vivian was very helpful and advised me that a Case Manager would be contacting me in 3 days to begin the investigation. By today, I had not heard from the Case Manager and placed another call. The Case Manager, Gabriella Albu, returned my call after having a conversation with the representatives from Independence Honda. During my conversation with Gabriella, I was abrasively told that there was nothing Honda could do because my insurance company had issued a claim check. Further communication should be directed to Legal Services. I explained to Gabriella that the issue at hand was not responsibility for payment; my insurance representative assured me that subrogation would be pursued if necessary. The issue of concern is that a major safety feature of the automobile did not work. Gabriella asked if there was a person occupying the passenger seat. I said, no and she responded that I shouldn't worry about it if no one was in the seat. My requests for additional information were summarily dismissed with the retort "there's nothing Honda can do". The conclusion of the chronology to this point was a final phone call to the Customer Service line to speak with a supervisor about my concerns because I felt Gabriella missed the point of the claim. The customer service representative told me "supervisors don't talk to customers". My car, then, remains unusable, my rental option expires in several days, and I have no additional information other than there's nothing Honda can do. I have exhausted the options available to me. After calling several Honda dealers, I learned that the problem of the passenger side airbag deploying in similar situations to the one I experienced is due to a software error in the 2001 model. According to a reliable source, the error is related to the capacity of the airbag software to handle incoming criteria for deployment. In the 2001 models, too many criteria result in the deployment in atypical circumstances such as humid conditions, and in my case, a brush with a curb.

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  
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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590





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Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY** 1058

Date Received

04-OCT-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8000516

Do you authorize NHTSA to provide a copy of 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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B4GP54L5VB	DODGE TRUCK	GRAND CARAVA	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input 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 08100000	Part Name(s) ELECTRICAL SYSTEM:BATTERY	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Dates of Failure(s) 29-AUG-2000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

### APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS AT A GAS STATION WHEN VEHICLE STARTED SMELLING, WIRES MELTED, BATTERY WAS SITTING ON TWO WIRES OF WIRING HARNESS AND CAUSED WIRES TO SHORT OUT, CLAIM 13-7061-575. \*SLC

CONFIDENTIAL - NHTSA

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**NUMBER**

80000516

**CHANGED**

**TO**

6900661