



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 798**

Date Received

21-MAR-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8006112

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		
N/A	HONDA	ACCORD	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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	Cruise Control <input type="checkbox"/> Yes <input 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 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 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) 08-JAN-2002 Mileage at Failure(s) 55000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input 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 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)

**AIR BAG LIGHT WILL CONTINUOUSLY COME ON AND STAY ON WHILE CONSUMER IS DRIVING.  
CONTACTED DEALER, AND DEALER NOTED THAT THERE COULD BE A PROBLEM WITH AIR BAG. \*AK**

COPIES OF THIS FORM ARE:

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.

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CONTINUE ON BACK IF NEEDED

**AIR BAG LIGHT WILL CONTINUOUSLY COME ON AND STAY ON WHILE CONSUMER IS DRIVING.**  
**CONTACTED DEALER, AND DEALER NOTED THAT THERE COULD BE A PROBLEM WITH AIR BAG.**  
**\*AK**  
**7th SRS control unit is inoperative.**

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

Crash Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Fire Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage 0	Reported to Police Yes <input type="checkbox"/> No <input type="checkbox"/>
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**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No of Failures	Date(s) of Failure(s) 08-JAN-2002	Mileage at Failure(s) 55000	Vehicle Speed at Failure(s) N/A	Failed Parts Yes <input type="checkbox"/> No <input type="checkbox"/>	Previously Reported Yes <input type="checkbox"/> No <input type="checkbox"/>
Component 12110000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG	Location Left <input type="checkbox"/> Right <input type="checkbox"/>	Failed Parts Original <input type="checkbox"/> Replacement <input type="checkbox"/>		

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

Transmission Type <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt	Airlock Brakes Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Passenger Side Airbag <input checked="" type="checkbox"/>	Driver Side Airbag <input checked="" type="checkbox"/>	Motorized <input type="checkbox"/>
Body Style 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck <input type="checkbox"/>	Vehicle Type Car <input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/>	Drive Train Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Cruise Control Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Engine Size (CID/CC) 2.2L	No Cylinders 4
City: Bedford	State: OH	Zip Code: 44146	Dealers Name: Gentry Dodge	Purchase Date: 1-8-02	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used

Vehicle Ident. No. (VIN) [Redacted]	Vehicle Make HONDA	Vehicle Model ACCORD	Vehicle Year 1996	Current Odometer Reading [Redacted]
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**VEHICLE INFORMATION**

Signature of Owner: [Redacted] Date: 4/1/02

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 YES  NO

In the absence of an authorized signature, please print your name and address to the vehicle manufacturer:  
 [Redacted]

<b>UNIVERSITY HEIGHTS</b> OH 44118 744536	U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONWIDE 1-888-DASH-2-DOT DOT Auto Safety Hotline
REFERENCE NO. 8006112 WORK NUMBER [Redacted]	DEFECT INVESTIGATION DATE RECEIVED 21-MAR-2002 OFFICE [Redacted]
FOR AGENCY USE ONLY 798	Date Received Order Part Order No. up-It