



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 936

Date Received

02-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009037

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		
1HGCG5647WA168562	HONDA	ACCORD	1998			
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 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 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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) 02-MAR-2002 Mileage at Failure(s) 21000 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 checked="" 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)

CONSUMER STATES WAS PULLING OUT IN REVERSE, VEHICLE WENT OUT OF CONTROL FORWARDS AND BACKARDS AND WAS STOPPED BY A CONCRETE WALL. DEALER HAS NOT BEEN CONTACTED.*JB

CONTINUED 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 335

Date Received

02-MAY-2002

Od_or
rt_dt
od_rt
up_itr

Reference No.

8009037

OWNER INFORMATION (Type or Print)

751966

MASSAPEQUA PARK NY 11762

Work Number

Home Number

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) (located at bottom of windshield on driver's side) 1HGCG5647WA168582
Vehicle Make HONDA
Vehicle Model ACCORD
Vehicle Year 1998
Current Odometer Reading 51,400

Purchase Date _____ Dealer's Name BABYLON CHRYSLER-PLYMOUTH HONDA
City WEST BABYLON State NY Zip Code 11704
 New Used
Engine Size (CID/CC/L) _____ Turbo
No. Cylinders _____ Diesel
Gas
Fuel Injectio

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt
 Driverside Airbag 2-Point Bel
 Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Ult Truck
 Minivan Motorcycle
 Other
Body Style 2-Door 4-Door
 Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000 Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL
Location Left Right Front Rear
Failed Part(s) Original Replacement
No. of Failures 1 Date(s) of Failure(s) 02-MAY-2002
Mileage at Failure(s) 21000
Vehicle Speed at Failure(s) 5-20 MPH
Failed Part(s) Yes No
NHTSA Previously Yes 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 Yes No
Fire Yes No
Number of Persons Injured 0
Number of Fatalities 0
Estimated Property Damage 0
Reported to Police Yes No

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

CONSUMER STATES WAS PULLING OUT IN REVERSE, VEHICLE WENT OUT OF CONTROL FORWARDS AND BACKARDS AND WAS STOPPED BY A CONCRETE WALL. DEALER HAS NOT BEEN CONTACTED.*JB

ON MAY 2, 2002, I HAD MY HONDA ACCORD (1998 LX) PARKED IN A PARKING LOT ADJACENT TO A PATHMARK SUPER MARKET. WHEN I RETURNED TO THE VEHICLE I PUT THE AUTOMATIC TRANSMISSION IN REVERSE TO BACK OUT OF THE PARKING SPACE. WHILE BACKING OUT SLOWLY THE CAR SUDDENLY PICKED UP SPEED AND I

CONTINUE ON BACK IF NEEDED

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

COULD NOT STOP IT FROM LOCKING BACKWARD. OF COURSE I TRIED TO USE THE BRAKE PEDAL, BUT THE CAR DID NOT STOP UNTIL IT HIT A CONCRETE WALL. FORTUNATELY THERE WERE NO INJURIES TO PEOPLE OR OTHER VEHICLES IN THE PARKING LOT. THIS SAME INCIDENT HAPPENED TWO MONTHS PRIOR AT A DIFF. LOCATION, IN EXACTLY THE SAME WAY. I REPORTED THIS TO AMERICAN HONDA WITH NO RESPONSE FROM THEM (ON MAY 2, 2002). WENT TO MY DEALER WHO PERFORMED A SUMMARY INSPECTION (SEE ENCLOSED COPY). ALSO ENCLOSED ARE CONSUMER COMPLAINTS FROM THE INTERNET AND A COPY OF ESTIMATED DAMAGE TO MY VEHICLE.

I AM VERY DISAPPOINTED WITH THIS CAR AND I THINK THERE IS A DEFINITE DESIGN FLAW IN IT.

[Redacted Signature]

5/22/02

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 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

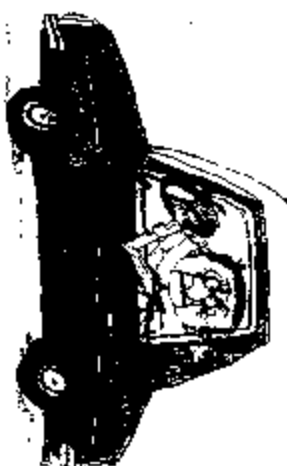
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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