


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1375	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 25-NOV-2002	Od_or _____ r_dt _____ od_rt _____ up_tr _____
[Redacted] HACKENSACK NJ		OFFICE INVESTIGATION Work Number _____ Home Number _____	Reference No. 8023213
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA will not provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date 12/14/2002	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1HGCH1650WA070586	Vehicle's Mak. HONDA	Vehicle Model ACCORD	Vehicle Year 1998
Current Odometer Reading 67830		Purchase Date	
Dealer's Name ROUTE 22 HONDA City HILLSIDE State NJ Zip Code 07025		Engine Siz (CID/GCC) 3.0Litr No Cylinders 6	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION-AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original Replacement
No of Failures	Date(s) of Failure(s) 11-NOV-2002 Mileage at Failure(s) 67000 Vehicle Speed at Failure(s)	Failed Part(s) Available? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>CONSUMER STATES VEHICLE STALLED WHILE DRIVING. DEALER DIAGNOSED THAT THE TRANSMISSION HAD FAILED. TS</p> <p>VEHICLE HAD EXCESSIVE JERKING WHILE SHIFTING GEARS UP AND DOWN. DEALER DIAGNOSED THAT THE TRANSMISSION HAD FAILED. LABOR COST WAS PAID BY THE OWNER. SIMILAR EXPERIENCE WITH THE SECOND</p>			
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.			

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

VEHICLE IN THE HOUSEHOLD (HONDA CR-V 1998).
SEE ATTACHED CORRESPONDENCE FOR DETAILS.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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 72173 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

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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