

U.S. Department  
of TransportationNational 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

117

Date Received

18-MAY-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

862143

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JHMEG114XPS006183	HONDA	DEL SOL	1993	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inflatorbell <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Util Truck motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT A	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 15-APR-2000 Mileage at Failure(s) 162 Vehicle Speed at Failure(s) _____	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   No
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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)

Crash <input checked="" 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 Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---

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

WAS TRAVELING 30-35MPH WHEN ANOTHER VEHICLE TURNED IN FRONT & WAS "T" BONED. UPON IMPACT WITH THE VEHICLE, THE DRIVER'S SIDE AIR BAG FAILED TO DEPLOY. BACK & CHEST BRUISING. VEHICLE TOTALED.

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.

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Reference No.

862143

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JHMEG114XPS006183	HONDA	DEL SOL	1993	

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 Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112200	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:DR	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
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No. of Failures	Date(s) of Failure(s) 15-APR-2000 Mileage at Failure(s) 102 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WAS TRAVELING 30-35MPH WHEN ANOTHER VEHICLE TURNED IN FRONT & WAS "T" BONED. UPON IMPACT WITH THE VEHICLE, DRIVER'S SIDE AIR BAG FAILED TO DEPLOY. BACK & CHEST BRUISING. VEHICLE TOTALED. \*AK

CONTINUED ON BACK PLEASE

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

VEHICLE TOTALED. \*AK  
 WAS TRAVELING 30-35MPH WHEN ANOTHER VEHICLE TURNED IN FRONT & WAS T-BONED. UPON IMPACT WITH THE VEHICLE, DRIVER'S SIDE AIR BAG FAILED TO DEPLOY, BACK & CHEST BRUISING.

*Back injury to lower back*

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

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	1	Number of Fatalities		Estimated Property Damage		Reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

**APPLICATION INCIDENT INFORMATION**

No of Failures		Date(s) of Failure(s)	15-APR-2000	Mileage at Failure(s)	102	Vehicle Speed at Failure(s)	
Failed Part(s) Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Failed Part(s) Contacted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Failed Part(s) Original Replacement	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement

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

Component	12112200	Part Name(s)	INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR ID	Location	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s)	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
Transmission Type	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual	Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag	Crash Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train	<input type="checkbox"/> 4-Wheel <input type="checkbox"/> Front <input type="checkbox"/> Rear
Vehicle Type	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Vehicle Type	<input checked="" type="checkbox"/> Sport Utv <input type="checkbox"/> Truck <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	Engine Size	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

**VEHICLE INFORMATION**

Purchase Date	SPRING '97	Dealer's Name	Baltimore Honda	City	Baltimore	State	MD	Zip Code	
Vehicle Ident. No. (VIN)	JHMEG114XPS06183	Vehicle Make	HONDA	Vehicle Model	DEL SOL	Vehicle Year	1993	Current Odometer Reading	

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: [Redacted] Date: 7/17/00

**FOR AGENCY USE ONLY** 117

Date Received: 00 JUL 18 PM 3:00  
 18-MAY-2000  
 OFFICE  
 DEFECTS INVESTIGATION  
 Reference No. 862143  
 Work Number [Redacted]

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 National Highway Traffic Safety Administration

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