

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

137

Date Received

16-JUN-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

863740

 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.)<br><small>(located at front of vehicle or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1HGCD5633SA043147                                                                          | HONDA        | ACCORD        | 1995         |                          |

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

|                                                                                                    |                                                                                                   |                                                                                                                                                                                                                                                                       |                                                                                                  |                                                                                                                        |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><br><input type="checkbox"/> Manual<br><br><input type="checkbox"/> Automatic | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><br><input checked="" type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> 2-Point Belt | Cruise Control<br><br><input type="checkbox"/> Yes<br><br><input checked="" type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                                                                                                    |                                                                                                                                                    |                                                                                                 |
|-----------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Component<br>11600000 | Part Name(s)<br>AIR CONDITIONER                                                                    | Location<br><br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures<br>2  | Date(s) of Failure(s) 16-JUN-2000<br>Mileage at Failure(s) 116000<br>Vehicle Speed at Failure(s) 0 | Failed Part(s) Available?<br>  Yes   No                                                                                                            | NHTSA Previously Contacted?<br>  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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><br>0 | Number of Fatalities<br><br>0 | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------|-------------------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

WATER COULD LEAK FROM THE A/C TO THE BRAKES AND GAS PEDAL. DEALER REPAIRED IT BEFORE. \*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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                    |  |                                                                                                                               |  |                                                                                                                                                               |  |                                                                                                                                                                                                                   |  |                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| <b>FOR AGENCY USE ONLY</b><br>197                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>RECEIVED</b><br>Date Received: 06 JUN 2009 3:00 PM<br>Office: INVESTIGATION<br>Reference No.: 863740                            |  | 614660                                                                                                                        |  | OWNER INFORMATION (Type or Print)<br>[Redacted]<br>614660                                                                                                     |  | Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                    |  | Signature of Owner<br>[Redacted]<br>Date: 7/1/09                                                      |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                    |  |                                                                                                                               |  |                                                                                                                                                               |  |                                                                                                                                                                                                                   |  |                                                                                                       |  |
| Vehicle Ident. No. (VIN)<br>1HGCD56335A043147                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Vehicle Make<br>HONDA                                                                                                              |  | Vehicle Model<br>ACCORD                                                                                                       |  | Vehicle Year<br>1996                                                                                                                                          |  | Current Odometer Reading<br>117K +                                                                                                                                                                                |  | Purchase Date<br>5/15/99                                                                              |  |
| Dealer's Name<br>Morhead Honda                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | City<br>New York                                                                                                                   |  | State<br>NY                                                                                                                   |  | Zip Code<br>12550                                                                                                                                             |  | Engine Size<br>(CID/CC/L)<br>4                                                                                                                                                                                    |  | No Cylinders<br>4                                                                                     |  |
| Turbo<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Diesel<br><input type="checkbox"/>                                                                                                 |  | Gas<br><input checked="" type="checkbox"/>                                                                                    |  | Fuel Injection<br><input checked="" type="checkbox"/>                                                                                                         |  | Body Style<br>4-Door                                                                                                                                                                                              |  | Transmission Type<br><input checked="" type="checkbox"/> Automatic<br><input type="checkbox"/> Manual |  |
| Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Motorized                                                                                                                                                                                                                                                                                                                                                     |  | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                           |  | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |  | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |  | Body Style<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No             |  |
| Part Name(s)<br>AIR CONDITIONER WATER EXHAUST CHAMBER DRAPI HOSE                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Location<br><input checked="" type="checkbox"/> Left<br><input checked="" type="checkbox"/> Right<br><input type="checkbox"/> Rear |  | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                   |  | No of Failures<br>2                                                                                                                                           |  | Date(s) of Failure(s)<br>18-JUN-2000                                                                                                                                                                              |  | Mileage at Failure(s)<br>116000, 19000                                                                |  |
| Vehicle Speed at Failure(s)<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Available?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                               |  | Failed Part(s)<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                      |  | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                         |  | APPLICATION INCIDENT INFORMATION<br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                  |  |                                                                                                       |  |
| Crash<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Fire<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                     |  | Number of Persons Injured<br>0                                                                                                |  | Number of Fatalities<br>0                                                                                                                                     |  | Estimated Property Damage<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                               |  | Reported to Police<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No          |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                    |  |                                                                                                                               |  |                                                                                                                                                               |  |                                                                                                                                                                                                                   |  |                                                                                                       |  |
| WATER COULD LEAK FROM THE A/C TO THE BRAKES AND GAS PEDAL. DEALER REPAIRED IT BEFORE. A/C DRAIN HOSE GETS CLOGGED, WATER BUILDS UP, THEN ON TURNS LIKE EXIT RAMP, WATER DRAINS OUT ON TOP OF GAS/BRAKE PEDAL AREA. THIS CAUSED A STAMPERED REACTION FROM ME, LOOKING DOWN TO SEE WHAT WAS HAPPENING. ALMOST LOST OFF THE ROAD BECAUSE OF THIS MANUFACTURING DEFECT. DRAIN HOSE HAS BECOME CLOGGED TWICE. 1st TIME FIXED BY REPAIRMAN. 2ND TIME BY MECHANIC ELSEWHERE. THE WATER COMING OUT ON TOP OF MY |  |                                                                                                                                    |  |                                                                                                                               |  |                                                                                                                                                               |  |                                                                                                                                                                                                                   |  |                                                                                                       |  |

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NO JUDICIAL REVIEW  
 RECEIVED  
 Department of Transportation  
 National Highway Traffic Safety Administration  
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 1-888-327-4236  
 NATIONWIDE 1-888-DASH-2-DOT

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.

NARRATIVE DESCRIPTION (CONTINUED)

Foot was very cold. Both times that it happened to me I was on slow turns, but if I was, for example, on a highway with winding turns, when it first happened it could have startled me enough to go off the road. I hope you will get Honda to fix this defect before it causes someone to get into an accident. Also, I am concerned that getting the gas and/or brake pedals wet could cause their malfunction, although I do not know if this could happen as well.



☆ U.S. G.P.O.: 1982-623-927/80006

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  
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IN THE  
UNITED STATES

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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