

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 130

Date Received

30-JUN-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

864572

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
1HGCG5641WA230246	HONDA	ACCORD	1998	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09530000 12110000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY:HORN INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) _____ Mileage at Failure(s) <u>29</u> 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 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 checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HORN INTERMITTENTLY FAILED WITHOUT WARNING. DEALER HAS REPLACED AIRBAG MECHANISM AND CABLE INTO STEERING WHEEL, BUT DEFECT STILL OCCURS. *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.

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National Highway Traffic Safety Administration

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Vehicle Owner's Questionnaire (VOQ)
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FOR AGENCY USE ONLY 160

RECEIVED
 00 JUL 28 AM 10: 01
 30 JUN 2000
DEFECTS INVESTIGATION OFFICE

Old or it id _____
 Old or up Nr _____

Reference No. **864572**

Work Number _____
 Home Number _____

OWNER INFORMATION (Type or Print)

Signature of Owner _____
 Date **7/17/00**

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, provide your name and address to the vehicle manufacturer.

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1HGCG5641WA230248	Vehicle Make HONDA	Vehicle Model ACCORD	Vehicle Year 1998	Current Odometer Reading 30,989
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Purchase Date JULY 98	Dealer's Name POMPANO HONDA	Engine Size (CID/CC/L) 4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City POMPANO State FL Zip Code 33064	No Cylinders 4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input checked="" 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 08530080 12110080	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY:HORN INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures	Date(s) of Failure(s)	Mileage at Failure(s) 29	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured N/A	Number of Fatalities N/A	Estimated Property Damage N/A	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)

6-9-00
1ST
TRIP
TO SERVICE

HORN INTERMITTENTLY FAILED WITHOUT WARNING. DEALER HAS REPLACED AIRBAG MECHANISM AND CABLE INTO STEERING WHEEL, BUT DEFECT STILL OCCURS. *AK

- UPON REPORTING PROBLEM TO DEALER FIRST TIME, SERVICE DEPT. COULD NOT EXPERIENCE PROBLEM. SERVICE DEPT. REP. SAID THEY MUST EXPERIENCE PROBLEM THEMSELVES BEFORE ANY REPAIRS COULD BE MADE. SERVICE DEPT. REP. SAID "HOW OFTEN DO YOU US THE HORN?" NO REPAIRS MADE.

CONTINUE ON BACK IF NEEDED

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INVOICE NUMBER 146641

YEAR MAKE MODEL: 88 ACCORD 4DR LX
 VEHICLE IDENTIFICATION NUMBER: 1HGGG5641WA230248
 DELIVERY DATE: 06/21/08
 MILEAGE IN: 31168
 MILEAGE OUT: 31168
 SELLING DEALER: 31168

NAME OF OTHER PERSON WHO MAY AUTHORIZE REPAIRS: BRIAN R
 TIME RECEIVED: 09:33AM
 TIME PICKUP: 06/23/08
 CHARGES: SAP

BASES FOR CHARGE: FLAT RATE HOURLY RATE
 METHOD OF PAYMENT: CASH CREDIT CARD
 RETAIN PARTS FOR INSPECTION: YES NO

POMPANO HONDA
 5381 North Federal Hwy.
 POMPANO BEACH, FLORIDA 33064
 Telephone 427-1744

QTY.	DESCRIPTION	SALE	MECH. NO.	UNITS	DESCRIPTION	DATE	TIME	NAME - PHONE OF OTHER PERSON WHO MAY AUTHORIZE REPAIRS
1	53200-587-A01 543954	0.00	063		HORN INOP AT TIMES...DIFFERENT			
2	35102-SV4-003 428678	0.00	063		--> REPLACE STEERING COLUMN POSITIONS OF STEERING WHEEL --> ALIGN FOUR WHEELS			

ORIGINAL ESTIMATE \$
 ADDITIONAL AUTHORIZED AMOUNT \$
 REVISED AUTHORIZED ESTIMATE \$

AGCT: 574
 333

Parts Subtotal
 Sales Tax
 Total

AMOUNT: 0.00
 0.00
 0.00
 0.00

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE. IF MY FINAL BILL WILL EXCEED \$100.00.
 I REQUEST A WRITTEN ESTIMATE.
 I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
 I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED: _____ DATE: _____



POMPANO HONDA
5381 North Federal Hwy.
POMPANO BEACH, FLORIDA 33064
Telephone: 407-774-1744

HONDA
AUTOMOBILES

RETAIN PARTS FOR INSPECTION YES NO

SEE BACK OF BILL FOR ADDITIONAL INFORMATION

YEAR MAKE MODEL: 88 Acura Integra
VEHICLE IDENTIFICATION NUMBER: 11GCG56A1WA230246
DEALER: POMPANO HONDA
MILEAGE IN: 30977
MILEAGE OUT: 31099
DATE IN: 08/11/00
DATE OUT: 08/11/00
TIME RECEIVED: 10:00 AM
TIME PHONED: 10:00 AM
TAG NUMBER: W 111

DESCRIPTION: HORN TROOP AT TIMES... MOST
--> REPLACED AIR BAG ASSY. AND CABLE
OFTEN WHEN TURNING OR AFTER
--> KEEL
A TURN
--> A TURN

CHARGES: 0.00
1.00
0.00

QTY.	DESCRIPTION	SALE	UNIT	MECH. NO.	DATE	TIME	NAME - PHONE OF OTHER PERSON WHO MAY AUTHORIZE REPAIRS
1	WIPER MOTOR	2.00	030	030			
1	WIPER ARM	0.00	030	030			
1	WIPER BLADE	0.00	030	030			

ORIGINAL ESTIMATE \$
ADDITIONAL AUTHORIZED AMOUNT \$
ADDITIONAL AUTHORIZATION RECEIVED BY \$
CHARGE FOR AMOUNTS ESTIMATE \$

ACCT.	DESCRIPTION	AMOUNT
050	LABOR	
074	PARTS	
	Subtotal	
000	Sales Tax	
	Total	

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$100.00.

I REQUEST A WRITTEN ESTIMATE.

I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED: _____ DATE: _____

PER FLA STAT 688.15

POMPANO HONDA
 5381 North Federal Hwy.
 POMPANO BEACH, FLORIDA 33064
 Telephone: 477-1741



YEAR MAKE MODEL: 1983 ACCORD LX
 VEHICLE IDENTIFICATION NUMBER: JLDJL1K
 INVOICE NUMBER: 111111
 DELIVERY DATE: 11/11/83
 SELLING DEALER: POMPANO HONDA

DATE RECEIVED: 11/11/83
 TIME PROMISED: 10:00 AM
 TIME RECEIVED: 11:00 AM

SALES TAX: 0.00
 TOTAL: 0.00

RETAIN PARTS FOR INSPECTION YES NO
 SET BACK OF TI PAIR ORDER FOR REPAIRS INFORMATION

QTY	DESCRIPTION	SALE	UNIT PRICE	UNITS	DESCRIPTION	CHARGES
			0.30		CUSTOMER STATES HORN IS INOP AT 2 - COULD NOT VERIFY CUSTOMER COMPLAINT TIMES --> REMOVE AIR BAG AND CHECK CONTACTS NO PROBLEM FOUND AT THIS TIME	0.00
			0.30			0.00
			0.30			0.00

NAME OF OTHER PERSON WHO MAY AUTHORIZE REPAIRS: _____
 PRESCRIPTION OF AUTHORIZED ADDITIONAL REPAIRS: _____
 CHARGE FOR MAKING ESTIMATE \$: _____

ACCT: 3033

DESCRIPTION: subtotal
 Sales Tax
 Total

AMOUNT: 0.00
 0.00
 0.00

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR PARTS LEFT BEHIND BECAUSE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND YOUR CONTROL.
 I, _____, authorize the above repair work to be done by you and hereby give you authority to complete the work on my car.
 I understand that you will be responsible for the safety of my car and I hereby acknowledge my responsibility for the safety of my car.

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$100.00.
 I REQUEST A WRITTEN ESTIMATE.
 I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
 I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED: _____ DATE: _____
PER HOUR RATE HOUR.