

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

284

Date Received

02-AUG-2000

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up\_ltr

Reference No.

866606

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 front of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| JHMEG8648NF013163                                                                         | HONDA        | CIVIC         | 1992         |                          |

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

|                                                                       |                                                                        |                                                                                                                                                                                                                        |                                                                        |                                                                                                     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type                                                     | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                       | Cruise Control                                                         | Drive Train                                                                                         | Vehicle Type                                                                                                                       | Body Style                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorcyclist<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<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>12111000 | Part Name(s)<br>INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT A                      | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Dates of Failure(s) 14-APR-2000<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s) 35 | 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><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>1 | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. UPON IMPACT, AIRBAGS DID NOT DEPLOY, RESULTING IN MINOR INJURIES. VEHICLE WAS TOTALLED. MANUFACTURER HAS BEEN NOTIFIED.

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CONTINUED 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.