

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 160</p>		
<p>Date Received</p> <p>18-JAN-2001</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p>		<p>Reference No.</p> <p>878451</p>		
<p>OWNER INFORMATION (Type or Print)</p>						
<p>[Redacted]</p>				<p>667842</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.</p>						
<p>Signature of Owner _____ Date ____/____/____</p>						
<p>VEHICLE INFORMATION</p>						
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p>1HGCE1892TA003683</p>		<p>Vehicle Mak</p> <p>HONDA</p>	<p>Vehicle Mode</p> <p>ACCORD</p>	<p>Vehicle Year</p> <p>1998</p>	<p>Current Odometer Reading</p>	
<p>Purchase Date</p>	<p>Dealer's Name _____</p>		<p>Engine S/Z (CID/CC/L) _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>	<p>No Cylinders _____</p>	
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbolt <input type="checkbox"/> 2-Point Bel</p>	
<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>	<p>Failed Component(s)/Part(s) Information</p>	<p>Component</p> <p>12111300</p>	
<p>Part Name(s)</p> <p>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</p>	<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	<p>No of Failures</p>	<p>Date(s) of Failure(s) 01-JAN-2000</p> <p>Mileage at Failure(s) 77436</p> <p>Vehicle Speed at Failure(s) _____</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>NI ITSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damag</p>	<p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>PASSENGER AIRBAG DEPLOYED ON ITS OWN WHILE CONSUMER TURNED ON THE IGINITON TO START VEHICLE .THERE WAS NO PRIOR CRASH OR INDICTAITON /WARNING OF DEFECT. CAUSE IS UNKNOWN.</p>						
<p style="text-align: right;">CONTINUE ON BACK IF NECESSARY</p>						
<p>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 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.</p>						

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 160 Date Received <u>16 JAN 2001</u> OFFICE OF DEFECTS INVESTIGATION Od_or _____ rt_of _____ ad_of _____ up_itr _____	
	Reference No. 878451	
OWNER INFORMATION (Type or Print)		
[Redacted]		667842
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.		
Signature of Owner _____		Date <u>21 3 01</u>

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1HGCE1892TA003683	Vehicle Make HONDA	Vehicle Model ACCORD	Vehicle Year 1996	Current Odometer Reading 77486
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <u>MORANO VALLEY HONDA</u> City <u>MORANO VALLEY</u> State <u>CA</u> Zip Code <u>92555</u>	Engine Size (CID/CCIL) <u>2.2 LITER</u> No Cylinders <u>4</u>
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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 checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	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	Body Style <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111300	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>01-JAN-2000</u> Mileage at Failure(s) <u>77486</u> Vehicle Speed at Failure(s) <u>φ</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <u>φ</u>	Number of Fatalities <u>φ</u>	Estimated Property Damage ACTUAL <u>\$2,309.64</u>	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)

PASSENGER'S AIRBAG DEPLOYED ON ITS OWN WHILE CONSUMER TURNED ON IGINITON TO START VEHICLE. THERE WAS NO PRIOR CRASH INDICATION /WARNING OF DEFECT. CAUSE UNKNOWN. *AK

INSPECTED BY SPREEN HONDA (LOMA LINDA, CA), FOUND NO EVIDENCE OF PRIOR IMPACT OR ELECTRICAL MALFUNCTION. FOR MORE INFO ON RESULTS OF INSPECTION, CALL SERVICE ADVISOR KESEAN ZACHERY AT (909) 799-7070. HONDA: COULD NOT EXPLAIN REASON FOR FAILURE, OR WHY DRIVER-SIDE AIRBAG DID NOT DEPLOY TOO...

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