



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 125

Date Received

12-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

880370

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1HGCD5632TA169341	HONDA	ACCORD	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 _____ <input type="checkbox"/> Sport Util 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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL	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
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) 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

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)

WHEN ACCELERATING VEHICLE HEISTATES AND APPEARS NOT TO GAIN ANY POWER. ALSO, A LOUD UNUSAL NOISE OCCURS. PLEASE GIVE ANY FURTHER DETAILS. *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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)
 Home Number: 674170
 Work Number: [Redacted]
 Signature of Owner: [Redacted]

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 manufacturer and address to the vehicle manufacturer.
 Date: 03/27/01

VEHICLE INFORMATION
 Vehicle Ident. No. (VIN): (located at bottom of windshield on driver's side) 1HGCD5632TA169341
 Vehicle Make: HONDA
 Vehicle Model: ACCORD
 Vehicle Year: 1996
 Current Color: Rea-ling 73SSQ

Purchase Date: 04/06/96
 Dealer's Name: Richfield Bloomington Honda
 City: Richfield State MN Zip Code: 55423
 Engine Size: 4 Cylinders
 Fuel Injection: Turbo Diesel Gas Fuel Injection

Transmission Type: Automatic Manual
 Restraint System: 3-Point Belt Motorbelt Driver's Airbag Passenger's Airbag
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

Component: 0840000
 Part Name(s):
 Location: Front Left Right Rear
 Failed Part(s): Original Replacement

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)
 No of Failures: _____
 Date(s) of Failure(s): _____
 Mileage at Failure(s): _____
 Vehicle Speed at Failure(s): _____
 Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)
 Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: _____
 Number of Failures: _____
 Estimated Property Damage: _____
 Reported to Police: Yes No

WHEN ACCELERATING VEHICLE HEISTATES AND APPEARS NOT TO GAIN ANY POWER. ALSO, A LOUD UNUSAL NOISE OCCURS. PLEASE GIVE ANY FURTHER DETAILS. *AK
 see attached letter.

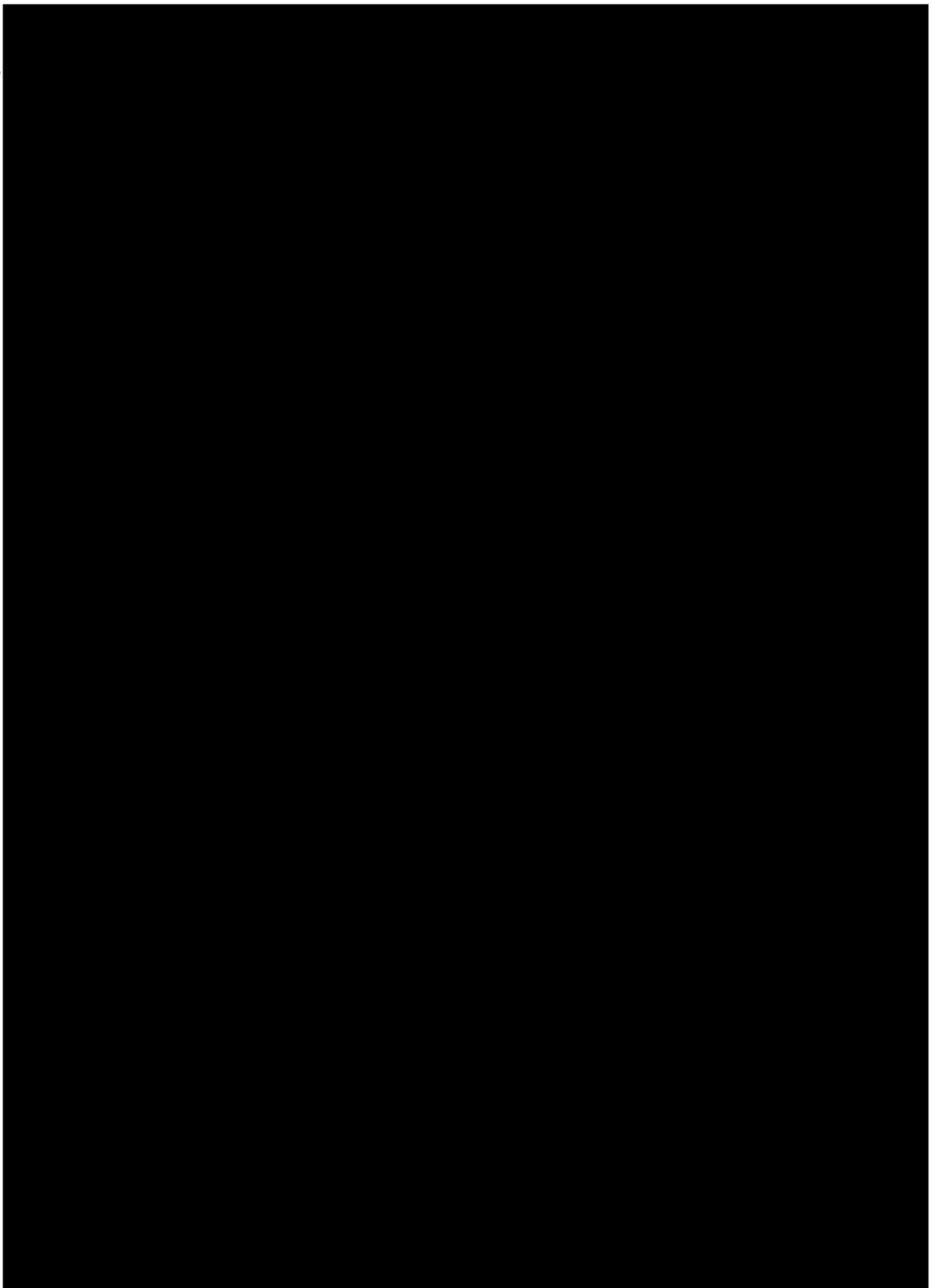
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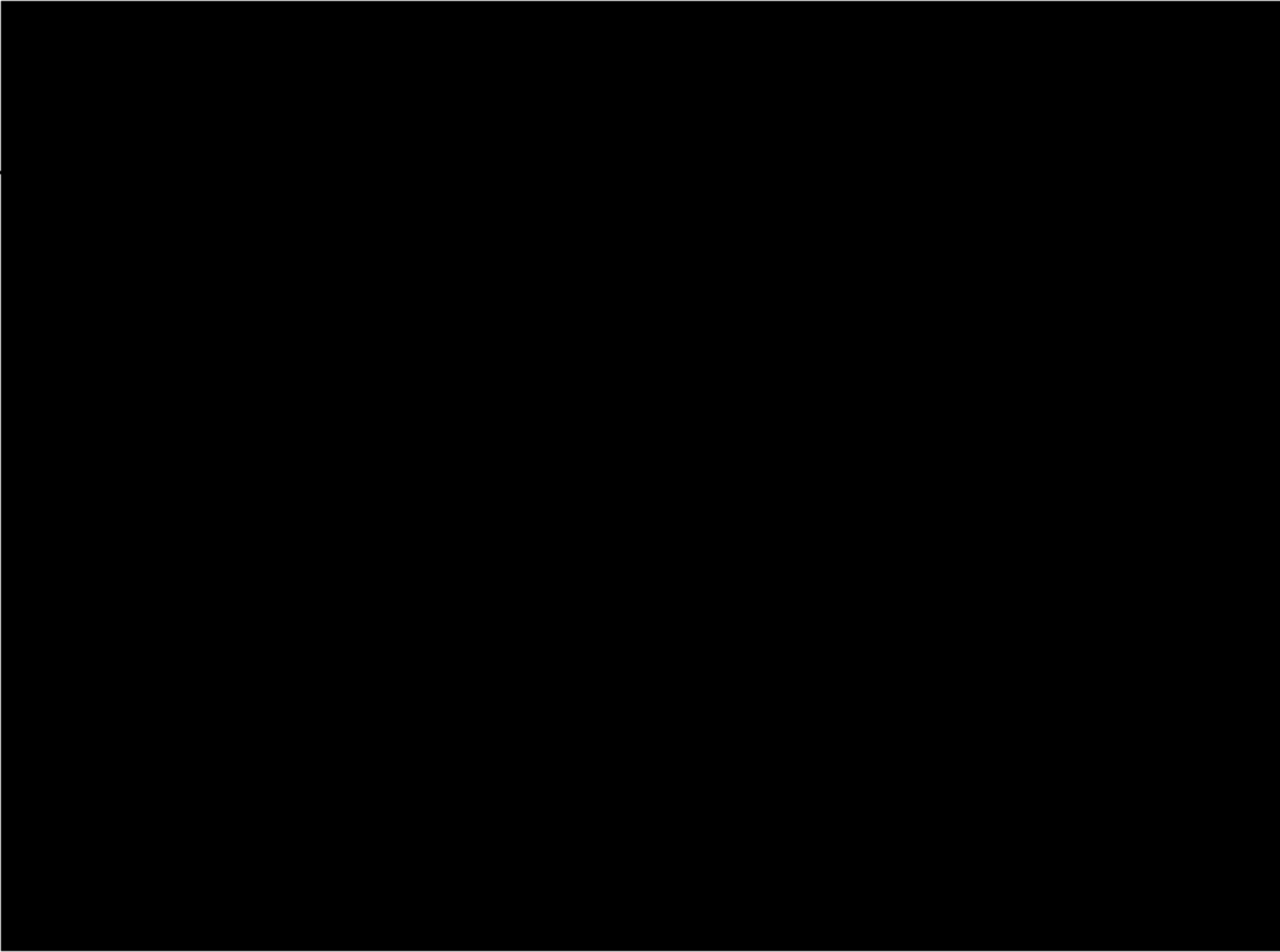
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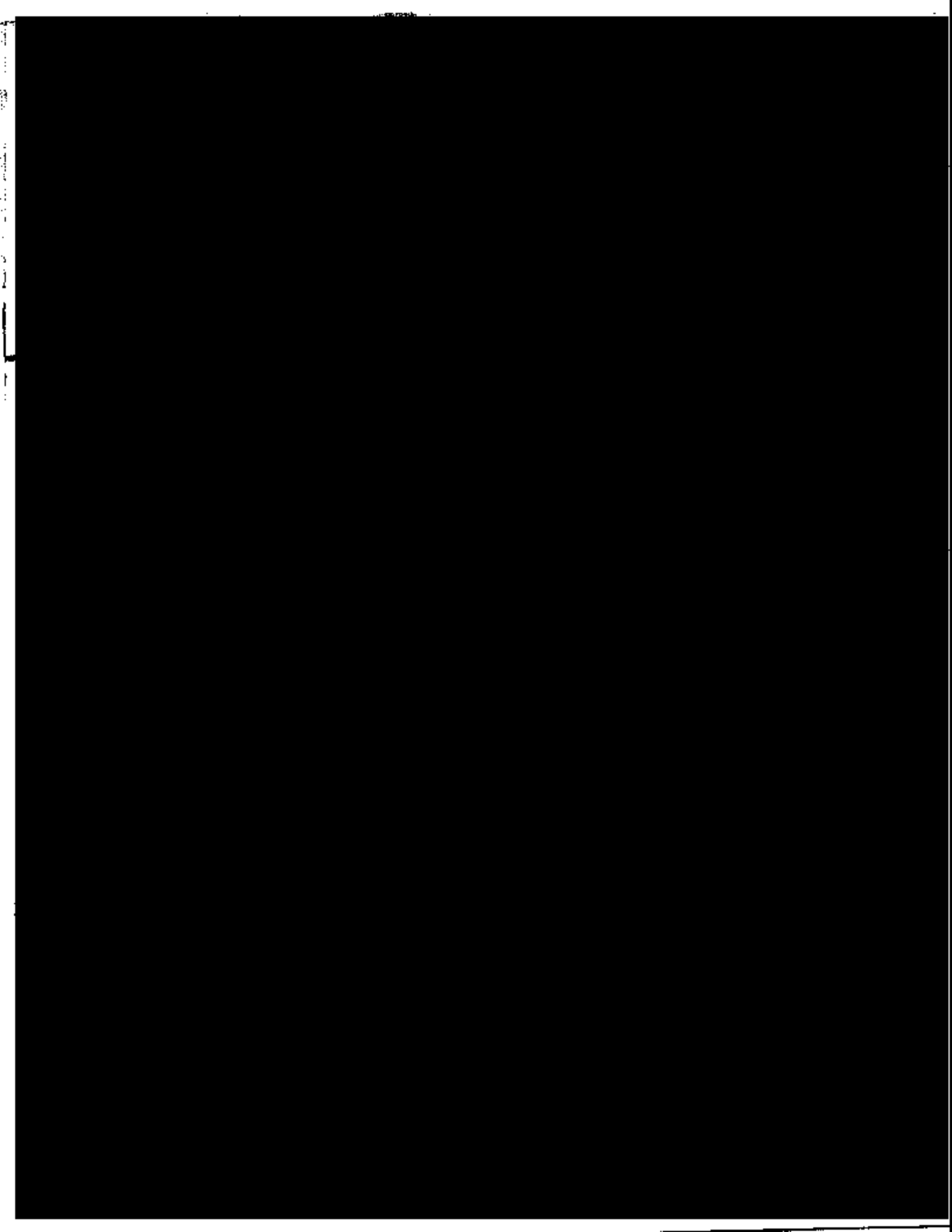
FOR AGENCY USE ONLY 125
 Date Rec'd (YYYY-MM-DD): 12-FEB-2001
 Reference No.: 880370
 Home Number: [Redacted]
 Work Number: [Redacted]

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 8)







8125 125250 374 FORM 174 2/17/77

[END OF INVOICE]

17:32:52

400 W. 78th St.

RICHFIELD, MN 55423

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