

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 920</p>
	<p>Date Received: <u>01 JUN 12 PM 3:29</u></p> <p style="text-align: center;">29-MAR-2001</p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p>
<p>Od_or _____ Rpt _____ od_rt _____ up_itr _____</p>	
<p>Reference No. 884599</p>	
<p>Work Number _____ Home Number _____</p>	

Do you authorize NHTSA to release information to the manufacturer of your vehicle?
 In the absence of an authorized signature, you will be required to provide your name and address to the vehicle manufacturer.

Signature of Owner: _____ Date: 4-25-01

YES NO

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN	HONDA	ACCORD	1998	
Purchase Date	Dealer's Name: <u>CARMICHAEL HONDA</u>		Engine Size (CID/CC/L): <u>3.6</u>	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: <u>SACRAMENTO</u> State: <u>CA</u> Zip Code: <u>95621</u>	No. Cylinders: <u>6</u>		<input type="checkbox"/> Diesel
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	Body Style			
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Motorcycle		<input type="checkbox"/> 2-Door <input checked="" 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 05200000	Part Name(s) ENGINE COOLING SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <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>(15-NOV-1997) 3/23/01</u> Mileage at Failure(s): <u>67000</u> Vehicle Speed at Failure(s): <u>60 MPH</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>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>0</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) -

ENGINE IS OVERHEATING. DEALERSHIP IS UNCLER AS TO WHAT IS CAUSING DEFECT. THIS DEFECT OCCURS RANDOMLY REGARDLESS OF WEATHER CONDITIONS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

SEE ENCLOSE

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)

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