



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

02-APR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

884835

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>(Lower 8 characters of and/or 10th character only)</small>	Vehicle Make HONDA	Vehicle Model ACCORD	Vehicle Year 1996	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	---

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

WHEN SEAT BELT IS BEING USED BUCKLE RELEASES FROM LOCKING MECHANISM. PLEASE GIVE ANY FURTHER DETAILS.*AK

CONTINUED ON REVERSE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 125</p>	
<p>Date Received 02-APR-2001</p>		<p>Order or rt_dt od rt yp_ltr</p>		<p>Reference No. 884835</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Work Number Home Number</p>	
<p>Signature of Owner</p>		<p>684050</p>		<p>Date 4/20/01</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" 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>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p>		<p>Vehicle Make HONDA</p>	<p>Vehicle Model ACCORD</p>	<p>Vehicle Year 1996</p>	<p>Current Odometer Reading 82,014</p>
<p>Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name <u>Schaumburg Honda Auto</u> City <u>Schaumburg</u> State <u>IL</u> Zip Code <u>60194</u></p>		<p>Engine Size (CID/CC/L) <u>VTEC</u> No. Cylinders <u>4</u> <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>		<p>Sport Jit Truck Motorcycle</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 12250C00</p>	<p>Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES</p>		<p>Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures All the time</p>	<p>Date(s) of Failure(s) <u>February 2001</u> Mileage at Failure(s) Vehicle Speed at Failure(s) <u>ANY Speed</u></p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>File <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured N/A</p>	<p>Number of Fatalities N/A</p>	<p>Estimated Property Damage N/A</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WHEN SEAT BELT IS BEING USED BUCKLE RELEASES FROM LOCKING MECHANISM. PLEASE GIVE ANY FURTHER DETAILS.*AK</p>					
<p style="text-align: right;">CONTINUE ON BACK IF NEEDED</p>					
<p>The Privacy Act of 1974 (Public Law 93-502) 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.</p>					