



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 436

Date Received

25-APR-2001

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

Reference No.

886789

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>(Location at bottom of and/or above windshield)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| NOT AVAILABLE | HONDA | ACCORD | 1998 | |

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

| | | | | | | |
|---|--|--|--|---|---|---|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <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 _____ | <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 12411000 | Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT. | 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) 20-APR-2001 38000 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 checked="" type="checkbox"/> Yes <input 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)

CONSUMER WAS IN A RESIDENTIAL AREA GOING 40MPH IN RAIN AND ANOTHER VEHICLE CROSSED IN FRONT AND THE 2 VEHICLES COLLIDED ON FRONT END SIDE OF PASSENGER. UPON IMPACT, AIRBAGS DIDN'T DEPLOY. HONDA DEALER WAS GIVING CONSUMER SOME PROBLEMS TO HAVE FIXED. *AK

CONFIDENTIAL - NHTSA

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</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 436</p> <p>Date Received <u>5/19/01</u> 25-APR-2001</p> | <p>Od or _____ rt_dt _____ od_m _____ up_ltr _____</p> |
| | <p>OWNER INFORMATION (Type or Print)</p> <p>_____ 688658</p> | <p>Reference No. 886789</p> | <p>Work Number _____</p> <p>Home Num _____</p> |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 in the absence of _____ and address to the vehicle manufacturer.
 Signature of Owner _____ Date 5/19/01

| | | | | | | | | | | | |
|--|--|---|---|--|--------------------------------------|--|--|---|---|---|--|
| <p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) NOT AVAILABLE 1HGCG5645WA0089245</p> | | | | | <p>Vehicle Make HONDA</p> | <p>Vehicle Model ACCORD</p> | <p>Vehicle Year 1998</p> | <p>Current Odometer Reading 40,834</p> | | | |
| <p>Purchase Date _____</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> | <p>Dealer's Name <u>Honda of Stevens Creek</u> City <u>San Jose</u> State <u>CA</u> Zip Code _____</p> | <p>Engine Size (CID/CC/L) <u>4</u></p> <p>No. Cylinders _____</p> | <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input 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 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</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><input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p> | <p>Body Style <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 _____</p> |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|--------------------------------------|--|--|---|
| <p>Component 12111000</p> | <p>Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</p> | <p>Location <input 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 _____</p> | <p>Date(s) of Failure(s) <u>20-APR-2001</u> Mileage at Failure(s) <u>38000</u> Vehicle Speed at Failure(s) _____</p> | <p>Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured <u>0</u></p> | <p>Number of Fatalities <u>0</u></p> | <p>Estimated Property Damage <u>\$3,000.00</u></p> | <p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|--|---|---|--|--|---|

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

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CONTINUE ON BACK IF NEEDED

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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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