Form Approved: OMB No. 2127-0042

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 920

Date Received: 17-MAY-2001

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 888509

[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 your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
FILL IN PLEASE	HONDA	CIVIC	1992	

Purchase Dat
☐ New ☒ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
08530001	ELECTRICAL SYSTEM:IGNITION:DISTRIBUTOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	01-MAY-2000 93000		☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

DISTRIBUTOR HAS FAILED THREE TIMES. PRIVATE MECHANIC HAS REPLACED ALL OF PLUGS AND RECOMMENDED THAT CONSUMER FIND ANOTHER VEHICLE BECAUSE "THE DISTRIBUTOR WANTS TO DIE". PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUED ON REVERSE

Form Approved. O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 920

Date Received: 01 JUN -5 PM 1:58
17-MAY-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 888509

OWNER INFORMATION (Type or Print)

[redacted] 592672

Work Number
Home N[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a[redacted]e and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 05 29 01

VEHICLE INFORMATION

Vehicle Iden:. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JHMEG8641NS000657 FILL IN PLEASE	HONDA	CIVIC	1992	93K

Purchase Date: 5-09-2000 ☐ New ☒ Used

Dealer's Name: Motor Vehicle Marketing
City: Jax. State: FL Zip Code: 32207

Engine Size (CID/CC/L): ____ No Cylinders: ____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Multibelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
08530001	ELECTRICAL SYSTEM:IGNITION:DISTRIBUTOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	01-MAY-2000 / 93000 /	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

DISTRIBUTOR HAS FAILED THREE TIMES. PRIVATE MECHANIC HAS REPLACED ALL OF PLUGS AND RECOMMENDED THAT CONSUMER FIND ANOTHER VEHICLE BECAUSE "THE DISTRIBUTOR WANTS TO DIE". PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

Car does not want to accelerate easily - drags
doesn't sound normal very rough sounding - loud
stalls - Mechanic [redacted] definately distributor
feels it's

CONTINUE ON BACK IF NEEDED