



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 §20

Date Received

04-JUN-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

889667

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JH4KA7670MC051035		ACURA	LEGEND	1991	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15600000	Part Name(s) EQUIPMENT:ELECTRIC EQUIPMENT:RADIO:TAPE DECK ETC.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 15-APR-2001 45000 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured C	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER RECEIVED RECALL NOTICE 01V053000 FOR AMPLIFIER AUDIO SYSTEM. DEALERSHIP INFORMED CONSUMER THAT PARTS WERE NOT AVAILABLE TO REMEDY DEFECT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

COPIES OF REPORTS - REF - 1

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.



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 JUL 17 PM 3:51
04-JUN-2001OFFICE
DEFECTS INVESTIGATION

Od or

R dt

od rt

up ltr

Reference No.

889667

OWNER INFORMATION (Type or Print)

695455

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an address to the vehicle manufacturer.

Signature of Owner

Date 7/11/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JH4KA7670MC051035	ACURA	LEGEND	1991	45,744

Purchase Date	Dealer's Name <u>Sunnyside Acura</u>	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City <u>Nashua</u> State <u>NH</u> Zip Code <u>03060</u>	No Cylinders	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 18600000	Part Name(s) EQUIPMENT:ELECTRIC EQUIPMENT:RADIO:TAPE DECK ETC.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
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No of Failures	Date(s) of Failure(s) <u>15-APR-2001</u> Mileage at Failure(s) <u>45000</u> Vehicle Speed at Failure(s)	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☒ Yes ☐ No
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es) and injury(ies) on the back of this form)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER RECEIVED RECALL NOTICE 01V053000 FOR AMPLIFIER AUDIO SYSTEM.
DEALERSHIP INFORMED CONSUMER THAT PARTS WERE NOT AVAILABLE TO REMEDY
DEFECT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS,*AK

CONTINUE ON BACK IF NEEDED

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