



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 1039

Date Received

21-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

890905

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)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JH4KA7670MC016950		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 ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Util ☐ Truck ☐ Motorcycle
				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) 30-APR-2001 130 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL 01V053000/ MANUFACTURER'S RECALL 01-015. CONTACTED DEALER. DEALER STATED DID NOT HAVE PARTS. *AK

COPIES OF THIS FORM ARE:

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

1039

Date Received

RECEIVED
21-JUN-2001

01 JUL 16 PM 5:47

Od or

rt_dt

od_rt

up_lir

Reference No.

890905

Work Number

Home Number

OWNER INFORMATION (Type or Print)

698415

OFFICE
DEFECTS INVESTIGATION

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

☒ YES

☐ NO

In the absence of a signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 06/29/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of
windshield on driver's side)

JH4KA7670MC016950

Vehicle Make

ACURA

Vehicle Model

LEGEND

Vehicle Year

1991

Current Odometer Reading

130,985

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

Body Style

☐ Manual

☐ Yes

☐ 3-Point Belt

☐ Motorbelt

☒ Yes

☒ Front

☒ Car

☐ Sport Utl

☐ 2-Door

☒ Automatic

☒ No

☒ Driverside Airbag

☐ 2-Point Belt

☐ No

☐ Rear

☐ Van

☐ Truck

☒ 4-Door

☒ Passengerside Airbag

☐ Minivan

☐ Motorcycle

☐ Stationwagon

☐ Other

☐ Pick Up Truck

☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

16580000

Part Name(s)

EQUIPMENT:ELECTRIC EQUIPMENT:RADIO:TAPE DECK ETC.

Location

☐ Left

☐ Right

☐ Front

☐ Rear

Failed Part(s)

☐ Original

☐ Replacement

No of Failures

Date(s) of Failure(s) 30-APR-2001

Mileage at Failure(s) 130

Vehicle Speed at Failure(s)

Failed Part(s)

Available?

☐ Yes ☐ No

NHTSA Previously

Contacted?

☐ 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

☐ Yes ☒ No

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

RECALL 01V053000/ MANUFACTURER'S RECALL 01-015. CONTACTED DEALER. DEALER
STATED DID NOT HAVE PARTS. *AK

CONTINUE ON BACK IF NEEDED

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