



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

17-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

893019

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 or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JH4DA9347LS070135	ACURA	INTEGRA	1990	
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ 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 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) C1-FEB-2001 126000 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 0	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)

DRIVER'S SIDE LAP BELT BUCKLE ASSEMBLY FAILS TO STAY LOCKED. RECALL 95V103001 REPAIRS WERE PERFORMED IN 1996. DEALERSHIP HAS NOT EXAMINED VEHICLE FOR CURRENT PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

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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.

 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 <u>17-JUL-2001</u> Date of Report <u>17-JUL-2001</u> Date of Investigation <u>17-JUL-2001</u> Reference No. <u>893019</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 703023			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO In the absence of a signature, please print the name and address to the vehicle manufacturer. Signature of Owner Date <u>08/09/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <u>JH4DA9347LS070135</u> (Located at bottom of windshield on driver's side)		Vehicle Make <u>ACURA</u> Vehicle Model <u>INTEGRA</u> Vehicle Year <u>1990</u> Current Odometer Reading <u>126,000</u>	
Purchase Date <u>07-1999</u> ☐ New ☒ Used		Dealer's Name <u>St. Paul Buick Honda</u> City <u>St. Paul</u> State <u>MN</u> Zip Code <u>55101</u> Engine Size (CID/CC) <u>1835</u> No Cylinders <u>4</u> ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☒ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other		Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>12250000</u>	Part Name(s) <u>INTERIOR SYSTEMS; ACTIVE RESTRAINTS; BELT BUCKLES</u>		Location ☒ Left ☒ Front ☐ Right ☐ Rear
No of Failures <u>2</u>	Date(s) of Failure(s) <u>01-FEB-2001</u> Mileage at Failure(s) <u>126000</u> 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>
Estimated Property Damage <u>0</u>		Reported In Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DRIVER'S SIDE LAP BELT BUCKLE ASSEMBLY FAILS TO STAY LOCKED. RECALL 95V103001 REPAIRS WERE PERFORMED IN 1996. DEALERSHIP HAS NOT EXAMINED VEHICLE FOR CURRENT PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK SHOULDER BELT ON DRIVER SIDE IS DEFECTIVE AND LOOSE.			
CONTINUE ON BACK IF NEEDED			
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 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.			