Form Approved: OMB No. 2127-0001

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: 08-AUG-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No. 893815

[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
	HONDA	ACCORD	1997	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(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
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT,	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	23-JUL-2001 Mileage at Failure(s)_____	☐ 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	1			☐ Yes ☒ No

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

WHILE DRIVING DOWN HIGHWAY AIR BAGS DEPLOYED WITHOUT WARNING. AS A RESULT CONSUMER HIT A WALL. PLEASE ADD VIN #. *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 1039

Date Received
01 SEP -6 PM 2:55
08-AUG-2001
OFFICE DEFECTS INVEST

Od_or
D_dt
od_r
up_ltr

Reference No.
893815

[redacted] 706328

Work Number
Hom Nu [redacted]

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

Signature of Owner [redacted] Date 8/22/01

VEHICLE INFORMATION

Vehicle Ident No (VIN) (I ocated at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1HGCD5656VA077685	HONDA	ACCORD	1997	

Purchase Date
☐ New ☒ Used

Dealer's Name PAULY Honda
City Libertyville State IL Zip Code

Engine Siz (CID/CC/L
No Cylinders 4
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injectio

Transmiss on Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai...	Vehicle Type	Body Style
☐ Manua ☒ 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 Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT	☐ ..eft ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacemen

No of Failures

Date(s) of Failure(s) 23-JUL-2001
Mileage at Failure(s)
Vehicle Speed 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No	1		$15,000	☒ Yes ☐ No

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

WHILE DRIVING DOWN HIGHWAY AIR BAGS DEPLOYED WITHOUT WARNING. AS A RESULT CONSUMER HIT A WALL. PLEASE ADD VIN #. *AK

It was 5:20 Am and I was driving in the Express lanes on I90 going east and I was in the right lane. I was going to change lane to the left, but ~~then~~ I change back to the Right lane. Just a few seconds

CONTINUE ON BACK IF NEEDED

13-67

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

the air bag deployed prematurely and was covering my face I can't see where Im going & all of a sudden just hit a wall & airbag erupted on my face & affected my eye sight. I got out right away & the person waving for help which somebody came & called ambulance

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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