



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ■

FOR AGENCY USE ONLY

Date Received: 4-26-00	Order: _____
Reference No.:	at: _____
	up to: _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) IAGCD5663TA156012		VEHICLE MAKE HONDA	VEHICLE MODEL ACCORD	MANUFACTURE DATE 021996	MODEL YEAR 1996
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input checked="" type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE 4-4-96	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME OURISMAN HONDA BETHESDA		CITY MD	STATE 20814
ENGINE SIZE 4	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input type="radio"/> Drivers side Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbell <input type="radio"/> 3-Point Belt
NO. CYLINDERS	CRUISE CONTROL <input type="radio"/> Yes <input checked="" type="radio"/> No			DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	
DRIVETRAIN <input checked="" type="radio"/> Front <input type="radio"/> 4 Wheel <input type="radio"/> Rear		VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		BODY STYLE <input type="radio"/> Hatchback <input checked="" type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input checked="" type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspensions <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="text"/> ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 3-23-2000	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 61,280	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT 0-5 miles/hr	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.	CRASH <input checked="" type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="text"/> ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	CAUSE OF INCIDENT <input type="radio"/> Wear/Concuded/Rust <input type="radio"/> Weak/Poor Ft./Loose <input type="radio"/> Out/Toi- <input type="radio"/> Disconnect/Fell Off <input checked="" type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input checked="" type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input checked="" type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input checked="" type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="text"/> ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱		

PLEASE DO NOT WRITE IN THIS AREA



00763