



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
 DC METRO AREA (202) 366-0123
 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 8-1-00	On or _____
Reference No.	rdt _____
	rel _____
	up tr _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

manufacturer of your vehicle? _____ SIGNATURE OF OWNER _____ DATE / /

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1HFSC323XXA400487	VEHICLE MAKE HONDA	VEHICLE MODEL VT1100DX	MANUFACTURE DATE	MODEL YEAR 1999
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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"/> Daihatsu/Chrysler	<input type="radio"/> General Motors	<input type="radio"/> Hyundai	<input type="radio"/> Saab	<input type="radio"/> Toyota	<input type="radio"/> VW	

PURCHASE DATE 5/04/99	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME Garrett Honda	CITY Couington	STATE LA	ZIP CODE 70433
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ENGINE SIZE (in./cc): 1100cc	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" 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"/> Driver-side Airbag <input type="radio"/> Passenger-side Airbag <input type="radio"/> 3-Point Belt <input type="radio"/> 2-Point Belt <input type="radio"/> Mctorbelt	CRUISE CONTROL <input type="radio"/> Yes <input checked="" type="radio"/> No
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DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> Rear	<input type="radio"/> 4-Wheel	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Minivan <input type="radio"/> Spor. Utility <input checked="" type="radio"/> Motorcycle	<input type="radio"/> Truck <input type="radio"/> Other _____	DOORS <input type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Pick-up Truck <input type="radio"/> Sedan <input type="radio"/> Stationwagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lghs & Aarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilator <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visua Systems <input checked="" type="checkbox"/> Other Engine plug	NO. OF FAILURES <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).	
	INCIDENT DATE 5/2000	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 5849	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	

HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No
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APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es) on the back of this form.	CRASH <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input checked="" type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Loose/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Braker	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



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