



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METHO AREA (202) 386-0123  
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 <b>8/19/01</b>	City _____
Reference No. _____	State _____
	County _____
	Zip _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_

DATE \_\_\_\_\_

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <b>2GTEK19R7T1554863</b>	VEHICLE MAKE <b>HMC</b>	VEHICLE MODEL <b>TK10753</b>	MANUFACTURE DATE <b>6-96</b>	MODEL YEAR <b>1996</b>
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VEHICLE MANUFACTURER

<input type="checkbox"/> BMW	<input type="checkbox"/> Old	<input type="checkbox"/> Honda	<input type="checkbox"/> Nissan	<input type="checkbox"/> Subaru	<input type="checkbox"/> Volvo	<input type="checkbox"/> Other _____
<input type="checkbox"/> Da mler/Chrysler	<input checked="" type="checkbox"/> General Motors	<input type="checkbox"/> Hyundai	<input type="checkbox"/> Saab	<input type="checkbox"/> Toyota	<input type="checkbox"/> VW	

PURCHASE DATE <b>5-21-99</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME <b>WARGAS</b>	CITY <b>Phillips</b>	STATE <b>WI</b>	ZIP CODE <b>545</b>
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ENGINE SIZE (CID/CC/L) <b>5.7</b>	FUEL SYSTEM <input checked="" type="checkbox"/> Turbo Fuel Injection	FUEL TYPE <input checked="" type="checkbox"/> Diesel Gas	TRANSMISSION TYPE <input checked="" type="checkbox"/> Manual Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 3 Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> 4-Wheel	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utility <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	DOORS <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Sedan <input type="checkbox"/> Station wagon
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### FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input checked="" type="checkbox"/> Electric Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input checked="" type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	NO. OF FAILURES <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).  TIRE NAME _____ COMPLETE TIRE SIZE _____  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 _____
	1	2	3	4	5	6	7	8	9											
	1	2	3	4	5	6	7	8	9											
	INCIDENT DATE <b>3-10-01</b> <b>6-19-01</b>	MILEAGE AT INCIDENT <b>66151</b>																		
VEHICLE SPEED AT INCIDENT _____	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement																			
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PERSONS INJURED <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Frust <input type="checkbox"/> Wear/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Brakes/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Slurr <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	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
	1	2	3	4	5	6	7	8	9													
1	2	3	4	5	6	7	8	9														
FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF FATALITIES <table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9			
1	2	3	4	5	6	7	8	9														
1	2	3	4	5	6	7	8	9														

PLEASE DO NOT WRITE IN THIS AREA



03701

THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 2 through Page 4)

SEE REVERSE SIDE FOR WARRANTY INFORMATION

WATER



applied to  
interior  
above the  
delivery  
30 days  
of repairs  
cap or de  
3000 in 1  
hour call  
if parts a  
at transi  
300 app  
-see/nt c

MIA

repair  
material  
above v  
delivery  
acknowled  
of repair  
loss or c  
cases of  
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or trans  
dies used  
receipt c

