



Auto Safety Hotline
Vehicle Owner's Questionnaire
 NATIONWIDE 1-800-424-8393
 DC METRO AREA (202) 366-0123
 INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY

Date Received: 10-15-01
 Reference No: _____
 Code: _____
 Title: _____
 Address: _____
 City: _____

OWNER INFORMATION (Type or Print) **DAYTIME TELEPHONE NUMBER**

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1HGCE6648VA002044		1997 HONDA	ACCORD		1997
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"/> DaimlerChrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
10/17/96		PARAMUS HONDA	PARAMUS	NJ	07652
ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
2.7	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Driverside Airbag <input checked="" type="radio"/> Passenger-side Airbag <input checked="" type="radio"/> 3-Point Belt
NO. CYLINDERS					CRUISE CONTROL
6					<input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE	
<input checked="" type="radio"/> Front <input type="radio"/> Rear	<input checked="" type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Minivan <input type="radio"/> Special Utility <input type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other		<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Sedan <input type="radio"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input checked="" type="radio"/> Electrical Light & Alarm <input type="radio"/> Engine & Cooling System <input type="radio"/> Fuel System <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 type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	ONE	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE	TIRE BRAND	
	9/26/01	<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	
	MILEAGE AT INCIDENT	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement
	56000	25 MPH	
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?	
<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="radio"/> Yes <input checked="" type="radio"/> No	NO	<input type="radio"/> Wear/Concussion/Fatigue <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cur/Torn <input type="radio"/> Disconnected/Fell Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort FAILURE	<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 type="radio"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input type="radio"/> Yes <input checked="" type="radio"/> No	NO		

NARRATIVE DESCRIPTION OF INCIDENT(S), TRAFFIC(S), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

CAUSE OF INCIDENT WAS
FAILURE OF POWER STEERING

Continue on additional page if necessary

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-502 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 remove a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statement in summary thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/98)

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IN THE
UNITED STATES



BUSINESS REPLY MAIL
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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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

20250+0001



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(V00)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline