



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) 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 <i>2/26/02</i>	Order _____
Reference No.	File _____
	Print _____
	up to _____

OWNER INFORMATION (Type or Print)

VEHICLE IDENT. NO. (VIN) (located at bottom of vehicle plate on driver's side) 1HCDZ257VAC032256		VEHICLE MAKE Honda	VEHICLE MODEL accord	MANUFACTURE DATE	MODEL YEAR 1997	
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input checked="" type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> Daewoo/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Isuzu <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE June 1999	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME Chrysler	CITY Oaklyn	STATE NJ	ZIP CODE 08107	
ENGINE SIZE ICID/CCO	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Inverse Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Airbag <input type="checkbox"/> Votobelt <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> 4 Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Station wagon		

FAILED COMPONENT(S)/PART(S) INFORMATION		
COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical 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 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 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input 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 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).
	INCIDENT DATE	TIRE NAME Sprint GT
	MILEAGE AT INCIDENT	COMPLETE TIRE SIZE 1195 60HR15
	VEHICLE SPEED AT INCIDENT	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 checked="" type="checkbox"/> Other Swellman
FAILED PART(S) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input 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 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corrosion/Rust <input type="checkbox"/> Nutsy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Locks <input type="checkbox"/> Curbside <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Loose/Slack/Craps <input type="checkbox"/> Evolve/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <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
	FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input 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 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19		

PLEASE DO NOT WRITE IN THIS AREA



05870

