



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1375

Date Received: 2003 SEP -4 AM 9:48
16-JUL-2003
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: TOPEKA State: KS Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [Redacted]

Do you authorize NHTSA in the absence of an authorized representative of the manufacturer of your vehicle to use your name or address to the vehicle manufacturer?
Signature of Owner: [Redacted] Date: 8/5/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4S6CM58W7W4 [Redacted]
Make: HONDA Model: PASSPORT Model Year: 1998
Date Purchased: [Redacted] Dealer's Name and Telephone Number: Dale Shep Honda
Original Owner: Dealer's City: Topeka State: KS Zip Code: [Redacted]
Transmission Type: [Redacted] Antilock Brakes: Powertrain: [Redacted] Cruise Control:
Vehicle Component Code: 031000 SERVICE BRAKES, HYDRAULIC: PEDALS AND LINKAGES
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM19ABC036): [Redacted] Original Equipment: Prior Repair: Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 2 Number of Deaths: 0 Reported to Police: YES

Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING, CONSUMER ATTEMPTED TO DEPRESS BRAKE pedal on Wet Road conditions AND WOULD Slide Side to Side front + back
RESULTING IN A COLLISION IN a wooded area FEW days AFTER THE COLLISION, THE CONSUMER RECEIVED TECHNICAL SERVICE BULLETIN # 03012(MFR) 10001303(NHTSA) REGARDING BRAKE PROBLEMS. *AK, Front + passenger dislocated elbow
Passenger driver side back left shoulder muscle damage. Right Side

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
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 correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.