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

2003 OCT 16 PM 12: 26

FOR AGENCY USE ONLY 100083

Date Received	Repository ☐
25-AUG-2003	Reference No. 10037963

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City LEHI	State UT	Zip Code [redacted]	Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA will provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/17/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield or driver's side	Make	Model	Model Year
2HKRL18632H521538	HONDA	ODYSSEY	2002

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type: Diesel
11-6-01	Stockton to Malone, Honda	1-888-315-2243	V Tec V-6	Unleaded
Original Owner ☒	Dealer's City	State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		141100 AIR BAGS: FRONTAL: SENSOR/CONTROL MODULE
			Multiple Failure: 4-7 times

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
			See attached papers

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example: P215/65R15)
DOT No. (Example: DOTMA9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

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).

CONSUMER COMPLAINED THAT SRS LIGHT KEPT COMING ON, DEALER AND MANUFACTURER WERE CONTACTED, AND STATED THAT THEY HAD A TECHNICAL SUPPORT TEAM WORKING ON CONSUMER'S VEHICLE, BUT IT MIGHT TAKE UP TO 4 MONTHS BEFORE THEY WOULD GIVE HER ANY ANSWERS.*AK

Keeps repeatedly

Each time it has been repaired it comes on 8-10 weeks following. This has happened since I purchased the vehicle. They have replaced numerous parts and the problem is still occurring.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).