



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 100148

Date Received

Repository

31-JUL-2006

Reference No.
10164021

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City SAINT LOUIS State MO Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [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 owner's name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 8/13/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
5FNRL38626E [REDACTED]

Make
HONDA

Model
ODYSSEY

Model Year
2006

Date Purchased
27-MAR-06

Dealer's Name and Telephone Number
SAINT LOUIS HONDA

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
SAINT LOUIS

State
MO

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-MAR-2006

Failure Mileage
120

Failure Speed
65

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: DOTM19ABC036)

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
 Yes No

Fire
 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police
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).

DT*: THE CONTACT STATED THAT THE SHORTNESS OF THE STEERING COLUMN CREATES FATIGUE WHILE DRIVING 65 MPH FOR PROLONGED HOURS ON NORMAL ROAD CONDITIONS. THE VEHICLE'S DOORS CANNOT OPEN WITHOUT PRESSING THE UNLOCK BUTTON FIRST WHICH CREATES A DELAY IN CASE OF EMERGENCY CONDITIONS. THE VEHICLE'S DOORS WILL NOT LOCK IF ONE OF THE DOORS ARE NOT CLOSED. THE CONTACT EXPRESSED THAT THE REAR WINDSHIELD WIPER ONLY WORKS INTERMITTENTLY WHICH CREATES A REAR VISION PROBLEM.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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 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.