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

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Repository ☐

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## OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City SALEM | State WI | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

*Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?* ☒ YES ☐ NO
*In the absence of an au[redacted]T provide your name or address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 9/6/07

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 2HKRL1865XH[redacted] | HONDA | ODYSSEY | 1999 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| 01-JUL-99 | | | | No: Cylinders 6 | Gas |
| Original Owner ☒ | Dealer's City | State | Zip Code | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | FRONT WHEEL DRIVE | 116100 ELECTRICAL SYSTEM:IGNITION:SWITCH<br>Multiple Failure: 8 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 01-NOV-2006 | 180000 | ANY | Ignition Switch failure while driving (multiple times) |

## 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: DOTMAL9ABC036) | ☐ 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 | 0 | 0 | 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).**

TL*THE CONTACT OWNS A 1999 HONDA ODYSSEY. WHILE DRIVING AT ANY SPEED, THE VEHICLE WOULD SHUT OFF WITHOUT WARNING. THE CONTACT NOTICED SMOKE COMING FROM THE STEERING COLUMN. THE DEALER STATED THAT THE IGNITION SWITCH COULD BE THE CAUSE OF THE FAILURE. FOUR YEARS AGO, THE VEHICLE WAS REPAIRED UNDER RECALL NUMBER 02V120000 (ELECTRICAL SYSTEM:IGNITION:SWITCH). HOWEVER, THE FAILURE HAS RECURRED. THE CURRENT MILEAGE WAS 204,000 AND FAILURE MILEAGE WAS 180,000.

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