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: JUN 14 2010 (17-FEB-2010)

Repository ☐

Reference No. 10311319

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City CHESTERFIELD | State MI | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2HKRL1867XH[redacted]	HONDA	ODYSSEY	1999

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
4-17-99	TROY HONDA	V6 3.5L	REG

Original Owner	Dealer's City	State	Zip Code
☑	TROY HONDA	MI	

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☑ Antilock Brakes ☑ Cruise Control			20-NOV-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS ✓	Failure Mileage	Failure Speed
	✓ 86000	

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			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. THE CONTACT STATED THAT THE SRS LIGHT WAS ILLUMINATED ON THE DASHBOARD. THE VEHICLE WAS TAKEN TO THE DEALER WHO STATED THAT THE ELECTRICAL BOX WAS THE CAUSE FOR THE FAILURE AND THAT THE SRS UNIT NEEDED TO BE REPLACED. THE MANUFACTURER HAS NOT BEEN NOTIFIED. THE VEHICLE HAD NOT BEEN REPAIRED AT THE TIME OF THE COMPLAINT. THE CURRENT MILEAGE WAS APPROXIMATELY 90,000. THE FAILURE MILEAGE WAS APPROXIMATELY 86,000.

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.

JIM RIEHLS AUTOMOTIV
18900 HALL RD
CLINTON TWP, MI 4803

TERMINAL I.D.: 024500
MERCHANT # : 885200053500002

01/26/10 1:14 PM

VISA
**********[redacted]
SWIPED

SALE
BATCH: 000175
INV:000012

AUTH: 071527
RRN: 01750012

TOTAL $233.20

[redacted]

MER COPY

JIM RIEHLS AUTOMOTIV
18900 HALL RD
CLINTON TWP, MI 4803

TERMINAL I.D.: 024500
MERCHANT # : 885200053500002

01/12/10 12:54 PM

VISA
**********[redacted]
SWIPED

SALE
BATCH: 000163
INV:000008

AUTH: 076217
RRN: 01630008

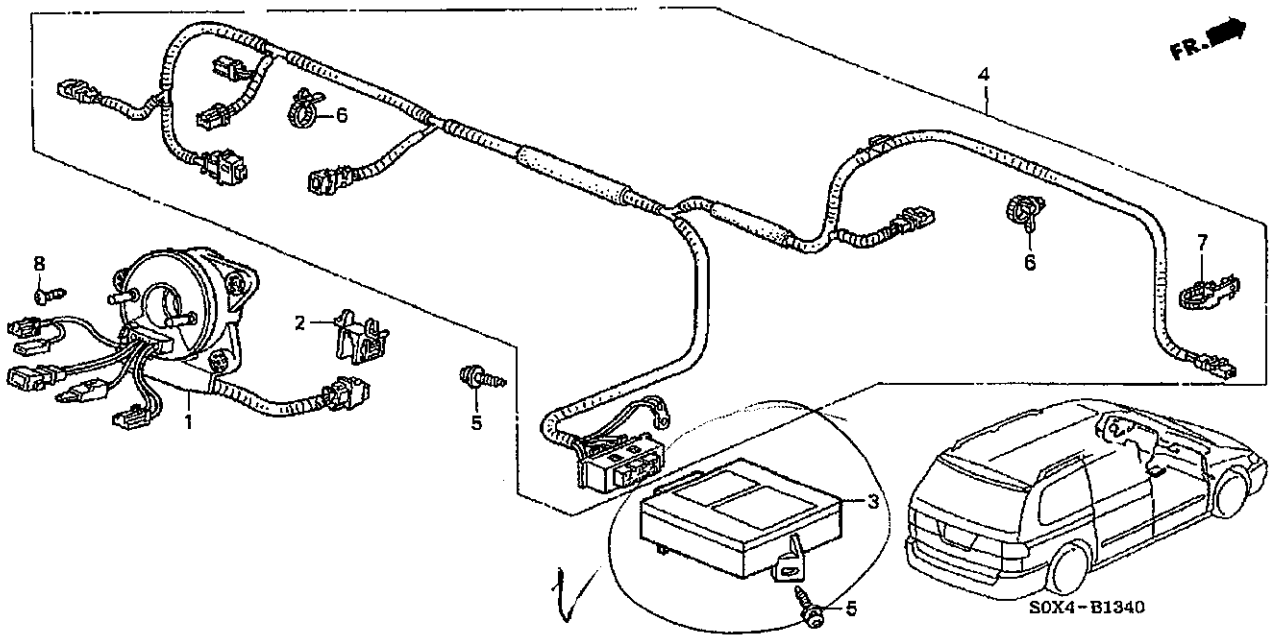
TOTAL $100.00

[redacted]

CUSTOMER COPY

JIM RIEHL'S FRIENDLY HONDA

Customer			
VIN		Model	ODYSSEY
Year	1999	Door	5
Grade		Area	KA
Mfg	CAN	Trans	4AT
Clr Label		Pricing	MSRP
Section	ELECTRICAL / EXHAUST / HEATER / FUEL		
Illustration	SRS UNIT (-'01) - B 1340		



Shopping Cart Name

No.	Ref.	Part Number	Part Description	Qty.	Unit Price	EXT PRICE	Illustration
1	003	77960-S0X-A82	SRS UNIT	1	$245.32	$245.32	SRS UNIT (-'01)
			Total Amount			**$245.32**	

USTOMER #: 5989461

276196

INVOICE

Jim Riehl's FRIENDLY

Cadillac HONDA HUMMER

CADILLAC - HONDA - HUMMER
www.jimriehl.com
18900 HALL ROAD
CLINTON TWP., MI 48038
(586) 412-9600
FAX (586) 412-8800

[redacted]

ESTERFIELD, MI [redacted]

PAGE 1

ME: [redacted] CONT:N/A

S: CELL:

SERVICE ADVISOR: 276 KRISTOPHER BOTTINI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
LD	99	HONDA ODYSSEY	2HKRL1867XH[redacted]	[redacted]	88846/88846	T5000

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
JAN99 DD			WAIT 12JAN10			CASH	12JAN10

R.O. OPENED	READY	OPTIONS:
):39 12JAN10	12:53 12JAN10	DLR:FJE-S ENG:2.0_Liter

LINE OPCODE TECH TYPE HOURS		LIST	NET	TOTAL
CUSTOMER STATES S.R.S. LIGHT IS ON. PLEASE ADVISE				
CE NEEDS SRS CONTROL UNIT				
112 BREATHOUR,DANIEL J. LIC#: M183771			100.00	100.00
CH				
88846 1.0 CHECK OUT, NEEDS SRS CONTROL UNIT $470.00 PLUS TAX, IF				
AND WHEN CUSTOMER RETURNS TOTAL COST WILL BE $370.00 PLUS TAX				
**********				
CUSTOMER HAS LG WARRANTY CO LLC, CONTRACT NUMBER OCC220735; EFFECTIVE				
DATE 12-21-09, RUNS TO 186,000 MILES. PAYS WITH CREDIT CARD,				
ACCOUNT NUMBER FSC-443664				
FI AFTERMARKET WARRANTY INFO				
112 BREATHOUR,DANIEL J. LIC#: M183771			0.00	0.00
CH				
**********				
LG WARRANTY (614) 764-9499; BILL BARKER (614) 764-4045, (614)				
764-4046; CHRIS HUTCHENSON (614) 764-4040; (888) 807-2812				
FI NUMBERS FOR WARRANTY COMPANU				
112 BREATHOUR,DANIEL J. LIC#: M183771			0.00	0.00
CH				
**********				
TEN IMPORTANT ITEMS TO CHECK BEFORE WINTER.				
1. CHECK TIRE TREAD DEPTH AND PRESSURES.				
2. CHECK ANTI-FREEZE. 3. ENGINE TUNE-UP.				
4. BATTERY CONDITION. 5. WIPERS AND WASHERS.				
6. HEATERS & DEFROSTERS. 7. 4 WHEEL DRIVE SYS				
8. ENGINE BELTS 9. CABIN FILTERS. 10. ALIGN.				
SEE YOUR SERVICE ADVISOR FOR DETAILS.				

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	100.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	100.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	100.00

CUSTOMER COPY

Jim Riehl's FRIENDLY AUTOMOTIVE GROUP ESTIMATE

CUSTOMER	VEHICLE			DATE
[redacted]	99 HONDA ODY			1/12/10
REPAIR ORDER	**TAG**	**TECHNICIAN**	**ADVISOR**	**PARTS**	**MILEAGE**
276196	[redacted]	112	276		88,846

RELATED ITEMS (MAIN CONCERN)	IN STOCK	PARTS	LABOR
* SRS CONTROL UNIT 77960-SCX-A82		$245.32	$220.00
			IF come back $120.00

IMMEDIATE CONCERNS (FOUND ON INSPECTION)	IN STOCK	PARTS	LABOR
1 REPAIR BOX 220.00 LABOR		[redacted]	

MAINTENANCE ITEMS (RECOMMENDED SERVICES)	IN STOCK	PARTS	LABOR

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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216fb

As a result of your report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed. Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ