APR 28 2014

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 ☐
18-MAR-2014	Reference No. 10573086

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City STATEN ISLAND	State NY	Zip Code [redacted]	Evening Telephone Number [redacted]

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
2HKRL1860XH[redacted]	HONDA	ODYSSEY	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
8-7-1999	Open Road Honda, Edison NJ. 732 839 4800			No: Cylinders 6	Gas
Original Owner ☑	Dealer's City Edison, NJ	State NJ	Zip Code 08817		

Transmission Type	☑ Antilock Brakes ☑ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 08-AUG-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage 95000	Failure Speed

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. THE CONTACT STATED THAT CHECK ENGINE WARNING LAMP WAS ILLUMINATED. THE VEHICLE WAS TAKEN TO THE DEALER WHERE THE TECHNICIAN DIAGNOSED THAT THE FUEL TANK AND COVER WERE DEFECTIVE AND NEEDED TO BE REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 95,000 AND THE CURRENT MILEAGE WAS 120,000. At another mechanic it diagnosed that a huge Gas leak accured. In the mean time, a Gas smell is always there when you come near the Gas tank. The cover was Replaced but no change. There is no actual Gas leak seen from the car but check engine is on and so the Gas smell. I thought this must be Related to the last Recall of Odyssey due to the nature of the Problem. I am afraid that this may cause a fire eventually, or at least cause the engine to shutoff which could be Fatal as well.

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