



U.S. Department of Transportation

National Highway Traffic Safety Administration

**DOT Auto Safety Hotline  
Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 258**

Data Received  <b>22-AUG-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>728638</b>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> <b>2HG EJ8646XH566151</b>	Vehicle Make <b>HONDA</b>	Vehicle Model <b>CIVIC</b>	Vehicle Year <b>1999</b>	Current Odometer Reading
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Purchase Date <b>01-MAY-1999</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>1.6 LT</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component	Part Name(s)	Location	Failed Part(s)
10110000	VISUAL SYSTEMS:GLASS:WINDSHIELD	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Original
10120000	VISUAL SYSTEMS:GLASS:WINDOW:DOOR AND SIDE	<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Replacement
10130000	VISUAL SYSTEMS:GLASS:WINDOW:REAR-VIEW BACKLIGHT		

No. of Failures <b>1</b>	Date(s) of Failure(s) <b>09-AUG-2000</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>13300</b>		
	Vehicle Speed at Failure(s) <b>0</b>		

**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**THERE APPEARS TO BE A DEFECT IN THE TEMPERLITE GLASS ON FOUR OF THE WINDOWS DESCRIBED. IT IS INSIDE THE TWO PANES OF GLASS WITH NO APPARANT CRACKS IN GLASS OR MOLDING. THE INSIDE OF THE GLASS, OR THE ADHESIVE MATERIAL USED IN BETWEEN THE GLASS IS BUBBLING WHICH CAUSES POOR VISION. THE VEHICLE IS CURRENTLY INOPERABLE BECAUSE OF FEAR OF POOR VISIBILITY. I HAVE NOTIFIED HONDA AND AM PROVIDING THEM WITH A LETTER OF LIABILITY AND INFORMING THEM THAT I WILL BE CONTACTING SEVERAL CONSUMER SAFETY ADMINISTRATIONS AND COMMISSIONS SINCE THEY REFUSE TO CORRECT THE PROBLEM UNDER MY EXTENDED WARRANTY PURCHASED FOR THE VEHICLE. THIS IS A SEVERE PROBLEM WHICH SEEMS TO BE POSSIBLY CAUSED BY SOME TYPE OF CONTAMINATION OR VAPORS PRESENT WHEN THE GLASS WAS CONSTRUCTED, STO**

CONTINUED ON BACK (REVERSE)

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 to 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.