



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758

Date Received

12-APR-2002

Od_or _____
rt_dt _____
od_rt _____
rp_lr _____

Reference No.

8007470

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) (Locate at bottom of windshield or driver's side door) ADD	Vehicle Make HONDA TRUCK	Vehicle Model ODYSSEY	Vehicle Year 1997	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 10-APR-2002 Mileage at Failure(s) 62000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER NOTICED A STRONG FUEL SMELL. VEHICLE WAS EXAMINED BY A MECHANIC. MECHANIC NOTICED A HOLE IN FUEL TANK CAUSED BY CONSTANT CONTACT WITH METAL UNDERNEATH VEHICLE. FUEL TANK NEEDED TO BE REPLACED.*AK

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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.

 U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Vehicle Owner's Questionnaire (VOQ) DEFECTS INVESTIGATION APR 20 PM 3:52 Date Received Odor _____ Fuel _____ Oil _____ Up _____ Reference No. 8007470		FOR AGENCY USE ONLY 758	
Vehicle Owner Information (Type or Print) Home Number _____ Work Number _____ Signature of Owner _____ Date _____					
Vehicle Information Vehicle Identification No. (VIN) _____ Vehicle Make _____ Vehicle Model _____ Vehicle Year _____ Current Odometer Reading _____					
Purchase Information Purchase Date _____ Dealer's Name _____ City _____ State _____ Zip Code _____ Engine Size (CID/CCL) _____ No Cylinders _____ Fuel System _____ Turbo _____ Diesel _____ Gas _____ Fuel Injected _____					
Transmission Type Automatic ☒ Manual ☐ Cruise Control ☐ Yes ☒ No ☐ Drive Type _____ Vehicle Type _____ Car _____ Van _____ Other _____ Truck _____ Motorcycle _____ Sport Utility _____ Body Style _____ 2-Door _____ 4-Door _____ Station Wagon _____ Pick Up _____ Truck _____					
Failed Component(s)/Part(s) Information Part Name(s) _____ Location _____ Front ☐ Left ☐ Right ☐ Rear ☐ Front ☐ Left ☐ Right ☐ Failed Part(s) _____ Original ☒ Replacement ☐					
Application Incident Information Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ NHTSA Previously Reported ☐ Yes ☐ No ☐ Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form					
Narrative Description of Failure(s), Incident(s), Injury(ies) CONSUMER NOTICED A STRONG FUEL SMELL. VEHICLE WAS EXAMINED BY A MECHANIC. MECHANIC NOTICED A HOLE IN FUEL TANK CAUSED BY CONSTANT CONTACT WITH METAL UNDERNEATH VEHICLE. FUEL TANK NEEDED TO BE REPLACED. AK					
CONTINUE ON BACK IF NEEDED					