



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

23-MAY-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8010370

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)<br><small>(Locate at bottom of windshield and door hinge)</small><br><b>ADD</b>                                                                                                                                                        | Vehicle Make<br><b>HONDA TRUCK</b>                                                        | Vehicle Model<br><b>ODYSSEY</b>                                                                                                                                                                                                  | Vehicle Year<br><b>1999</b>                                                              | Current Odometer Reading                                                                                                                     |
| Purchase Date<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                          | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              |                                                                                                                                                                                                                                  | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                                    | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                           | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                           |
| Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |                                                                                           | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                      |                                                                                          |                                                                                                                                              |

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

|                              |                                                                                                                   |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>08000000</b> | Part Name(s)<br><b>ELECTRICAL SYSTEM</b>                                                                          | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br><b>6</b>    | Dates of Failure(s) <b>01-SEP-1999</b><br>Mileage at Failure(s) <b>75000</b><br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**ALERT BUZZER OF BOTH SLIDING DOORS GO OFF INTERMITTENTLY WHILE DRIVING. THE VEHICLE HAS BEEN TAKEN TO THE DEALER 5-6 TIMES. THE TRACKS AND CONTACTS HAVE BEEN CLEANED, DOES NOT REMEDY THE PROBLEM.\*JB**

COPIES OF THIS FORM ARE:

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.

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CONTINUE ON BACK IF NEEDED

ALERT BUZZER OF BOTH SLIDING DOORS GO OFF INTERMITTENTLY WHILE DRIVING. THE VEHICLE HAS BEEN TAKEN TO THE DEALER 5-6 TIMES. THE TRACKS AND CONTACTS HAVE BEEN CLEANED, DOES NOT REMEDY THE PROBLEM. JB

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

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

|                             |                                                                                                                           |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|
| No of Failures              | <input checked="" type="checkbox"/> Continued                                                                             |
| Date(s) of Failure(s)       | 01-SEP-1999                                                                                                               |
| Mileage at Failure(s)       | 75000                                                                                                                     |
| Vehicle Speed at Failure(s) |                                                                                                                           |
| Failed Part(s)              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                  |
| NHTSA Previously            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                  |
| Component                   | 08000000                                                                                                                  |
| Part Name(s)                | ELECTRICAL SYSTEM                                                                                                         |
| Location                    | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right |
| Failed Part(s)              | <input type="checkbox"/> Original <input type="checkbox"/> Replacement                                                    |

FAILED COMPONENT(S)/PART(S) INFORMATION

|                          |                                                                                                                                                                                       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type        | <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual                                                                                                         |
| Antilock Brakes          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                   |
| Restraint System         | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other                                                  |
| Body Style               | <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle                                                                  |
| Engine Size              | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas                                                                                           |
| Engine Cylinders         | <input type="checkbox"/> No Cylinders                                                                                                                                                 |
| Fuel Injection           | <input checked="" type="checkbox"/> Fuel Injection                                                                                                                                    |
| City                     |                                                                                                                                                                                       |
| State                    |                                                                                                                                                                                       |
| Zip Code                 |                                                                                                                                                                                       |
| Dealer's Name            |                                                                                                                                                                                       |
| Purchase Date            |                                                                                                                                                                                       |
| Vehicle Make             | HONDA TRUCK                                                                                                                                                                           |
| Vehicle Model            | ODYSSEY                                                                                                                                                                               |
| Vehicle Year             | 1999                                                                                                                                                                                  |
| Current Odometer Reading | 76,777                                                                                                                                                                                |

VEHICLE INFORMATION

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 12/3/02

|                                                |  |
|------------------------------------------------|--|
| BURLINGTON CT                                  |  |
| 755397                                         |  |
| OWNER INFORMATION (Type or Print)              |  |
| www.nhtsa.dot.gov/hotline                      |  |
| 1-888-327-4236                                 |  |
| NATIONWIDE 1-888-DASH-2-DOT                    |  |
| Vehicle Owner's Questionnaire (VOQ)            |  |
| U.S. Department of Transportation              |  |
| National Highway Traffic Safety Administration |  |
| Office of Investigations                       |  |
| Reference No. 8010370                          |  |
| Date Received 23-MAY-2002                      |  |
| Up, Ltr                                        |  |
| Ad, Ltr                                        |  |
| R, Ltr                                         |  |
| Od, Ltr                                        |  |
| FOR AGENCY USE ONLY 758                        |  |

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Because the door alarms constantly start  
buzzing when the vehicle is in motion  
(the sound it makes is the alert that a  
door is open) I have to turn the automatic  
doors off when they are on. They are  
very very difficult to open. I fear  
that in an evacuation situation we  
would be unable to open the doors because  
they are off.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/hotline>