Form Approved: O.M.B. No. 2127-0008

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

DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 1368

Date Received: 30-OCT-2002

Od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No.: 8021882

OWNER INFORMATION (Type or Print)

[redacted]

GREEN CA [redacted]

Work Number

Home Number [redacted]

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 [redacted] Date 12/04/02

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JHLRD185XVC070356	HONDA TRUCK	CRV	1997	

Purchase Date

☐ New ☒ Used

Dealer's Name: Marin Honda

City: Corte Madera State: Ca Zip Code: 94976

Engine Size (CID/CC/L) ____ No Cylinders ____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Trai	Vehicle Type	Body Style
☑ Manual ☐ Automatic	☑ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s)
08510000	ELECTRICAL SYSTEM:IGNITION:SWITCH	☐ Left ☐ Front ☐ Right ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously
	20-OCT-2002 / 82816	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

CONSUMER STATES THAT THE DEALER WANTS TO CHARGE THEM TO RECONNECT THE ALARM SYSTEM TO PERFORM THE RECALL ON THE VEHICLE. PLEASE PROVIDE THE DEALER NAME ADDRESS AND NUMBER. RECALL#02120000IGNTION SWITCH TS

Marin Honda
5880 Paradise Dr
Corte Madera, Calif. 94976

(415) 927-0833

CONTINUE ON BACK IF NEEDED