

U.S. Department
of TransportationNational 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 118

Date Received

14-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

856835

 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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4S6CM58W7W4406255	HONDA TRUCK	PASSPORT	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07330000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:LEVER AND LINKAGE:	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 12-FEB-2000 Mileage at Failure(s) 4500 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	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)

AUTOMATIC SHIFT CABLE IS LOCATED TOO CLOSE TO THE EXHAUST SYSTEM. THE HEAT FROM THE EXHAUST SYSTEM HAS MELTED THE INSTALLATION OFF THE CABLE, CAUSING PART OF THE CABLE TO RUST. OWNER DISCOVERED THE PROBLEM WHILE REPLACING THE BULBS IN THE FOG LAMPS. TRUCK WAS TAKEN TO THE DEALERSHIP. CABLE WILL BE REPLACED AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUED ON BACK PLEASE

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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 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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4S6CM58W7W4406255	HONDA TRUCK	PASSPORT	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07330000	Par. Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:LEVER AND LINKAGE:	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 12-FEB-2000 Mileage at Failure(s) 4500 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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AUTOMATIC SHIFT CABLE IS LOCATED TOO CLOSE TO THE EXHAUST SYSTEM. THE HEAT FROM THE EXHAUST SYSTEM HAS MELTED THE INSTALLATION OFF THE CABLE, CAUSING PART OF THE CABLE TO RUST. OWNER DISCOVERED THE PROBLEM WHILE REPLACING THE BULBS IN THE FOG LAMPS. TRUCK WAS TAKEN TO THE DEALERSHIP. CABLE WILL BE REPLACED AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 118 Date Received FEB 27 AM 9:10 14-FEB-2000 OFFICE EFFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted] 590058		Od_or _____ Od_dt _____ Od_rl _____ up_itr _____ Reference No. 856836	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner <u>Ray D. Ryan</u>		Date <u>3/20/00</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 4S6CM53W7W4406255	Vehicle Make HONDA TRUCK	Vehicle Model PASSPORT	Vehicle Year 1998
Purchase Date NOV, 1997		Dealer's Name HENDRICK HONDA	Current Odometer Reading 47000
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>CHARLOTTE</u> State <u>NC</u> Zip Code <u>28224</u>	Engine Size (CID/CC) <u>3.2</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utl <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 _____	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07330080	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:LEVER AND LINKAGE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>12-FEB-2000</u> Mileage at Failure(s) <u>45000</u> Vehicle Speed at Failure(s) <u>N/A</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured NONE	Number of Fatalities NONE
Estimated Property Damage NONE		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AUTOMATIC SHIFT CABLE IS LOCATED TOO CLOSE TO THE EXHAUST SYSTEM. THE HEAT FROM THE EXHAUST SYSTEM HAS MELTED THE INSTALLATION OFF THE CABLE, CAUSING PART OF THE CABLE TO RUST. OWNER DISCOVERED THE PROBLEM WHILE REPLACING THE BULBS IN THE FOG LAMPS. TRUCK WAS TAKEN TO THE DEALERSHIP. CABLE WILL BE REPLACED AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK			
CONTINUE ON BACK IF NEEDED			
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HENDRICK HONDA

8901 SOUTH BLVD. P.O. BOX 240070
 CHARLOTTE, NORTH CAROLINA 28224
 (704) 552-2090

HONDA
 Maintain the Quality
 with Genuine Honda Parts

INVOICE NO. 52001	APPROVED BY DEBORAH H CLARK 94	AD NO. 9108	INVOICE DATE 02/18/00	VEHICLE NO. HDCS58057
	JOB DATE	LICENSE NO. 45634	COLOR GREEN/IVORY	STOCK NO.
	YEAR - MAKE - MODEL 98/HONDA/PASSPORT/4S EX AT	DELIVERY DATE 11/28/97	DELIVERY MILES 230	
	VEHICLE ID NO. 488CM58W7W4408255	SALES TAX 207904	SALES TAX 02/14/00	
	COMMENTS E# 8VD1-54/548			

LABOR & PARTS
 JOB # 1 03H02 BRAKES TECH(S):32 0.00
 SEE ATTACHED NOTE, BRAKE PEDAL SQUEAKS
 REMOVED PEDAL FROM ASSEMBLY AND LUBED ENTIRE ASSEMBLY

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----
 JOB # 1 TOTAL PARTS 0.00
 JOB # 1 TOTAL LABOR & PARTS 0.00

JOB # 2 18H02 ELECTRICAL TECH(S):32 90.00
 FRAYED WIRES ON LEFT SIDE.
 SHIFTER CABLE BURNT FROM RUBBING AGAINST EXHAUST PIPE
 REPLACED SHIFTER CABLE FROM TRANS TO SHIFTER

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----
 JOB # 2 1 8-97124-855-3 CABLE, AT 31.90
 JOB # 2 TOTAL PARTS 31.90
 JOB # 2 TOTAL LABOR & PARTS 121.90

JOB # 3 41H02L CHECK FOR OIL LEAK TECH(S):32 0.00
 CHECKED AND CLEANED VENT FROM FRONT END

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----
 JOB # 3 TOTAL PARTS 0.00
 JOB # 3 TOTAL LABOR & PARTS 0.00

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----
 JOB # A HN SHOP SUPPLIES 1.83
 TOTAL - MISC 1.83

COMMENTS
94/RD

TOTALS-----
 Service Appointment requests are NOW available via the internet at <http://www.hendrickhonda.com>
 WILL BE A DONOR!!!!
 TOTAL LABOR... 90.00
 TOTAL PARTS... 31.90
 TOTAL SUBLET... 0.00
 TOTAL G.O.B... 0.00
 TOTAL MISC CHG... 1.83
 TOTAL MISC DTSC... 0.00
 TOTAL TAX... 2.08
 TOTAL INVOICE \$ 125.81

CUSTOMER SIGNATURE

[Handwritten Signature]
 SALES
 2/18/00

Any warranties on the item/items sold hereby are those made by the manufacturer. The seller, Hendrick Honda hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and Hendrick Honda neither assumes nor authorizes any other person to assume for liability in connection with the sale of this item/items.

I hereby authorize the repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and inspection. An express mechanic's lien is hereby acknowledged on below car or truck to secure the amount of repairs thereto. Not responsible for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. It is agreed and understood that if the purchases listed below are not paid when due, I, we or either of us agree to pay all attorney fees and all other costs which may be incurred in the collection of this account. All repairs are considered satisfactory unless we are advised (in writing) within ten days from the date of this order. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

TERMS:
CASH UNLESS ARRANGEMENTS MADE