



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 130

Date Received

29-JAN-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
ip\_ltr \_\_\_\_\_

Reference No.

879190

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	HONDA TRUCK	CRV	2000	

Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input 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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
---	---	---	--	---	--	--

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

Component 13410000	Part Name(s) STRUCTURE:FRAME AND MEMBERS(GIVE SIDE/END)	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
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) 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

### 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities 1	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	---------------------------	---------------------------	---

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

CONSUMER'S MOTHER IN-LAW WAS DRIVING AT APPROXIMATELY 36 MPH WHEN VEHICLE WAS HIT BY ANOTHER VEHICLE WITH 12 MPH IMPACT, VEHICLE ROLLED OVER. AT IMPACT OF HITTING GROUND, LEFT A PILLAR COLLAPSED, HITTING DRIVER'S HEAD, AND CAUSING SERIOUS LACERATION TO HEAD WHICH CONTRIBUTED TO DRIVER'S DEATH. THEN, VEHICLE ROLLED ONE TIME IN THE AIR, HITTING VEHICLE #3. PLEASE PROVIDE FURTHER DETAIL INFORMATION. \*AK

CONTINUE ON BACK IF NEEDED

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

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** 190

Date Received: 29-JAN-2001  
Od\_or \_\_\_\_\_  
ri\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.  
**879190**

Work Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

670285

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an express request to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 4/19/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) \_\_\_\_\_ Vehicle Make **HONDA TRUCK** Vehicle Model **CRV** Vehicle Year **2000** Current Odometer Reading **9168**

Purchase Date \_\_\_\_\_ Dealers Name Patt's Town Honda Engine Size \_\_\_\_\_  Turbo  
 New  Used City 3387 W. Ridge Pike State PA Zip Code 19464 (CID/CC/L) \_\_\_\_\_  Diesel  
 Gas  
No. Cylinders \_\_\_\_\_  Fuel Injection

Transmission Type:  Manual  Automatic  
Antilock Brakes:  Yes  No  
Restraint System:  3-Point Belt  Motorbelt  
 Driverside Airbag  2-Point Belt  
 Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4 Wheel  
Vehicle Type:  Car  Sport Util Truck  Motorcycle  
 Van  Minivan  Other  
Body Style:  2-Door  4-Door  Stationwagon  
 Pick Up Truck  Other **SPORT UTIL**

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

Component# **13110000** Part Name(s) **STRUCTURE:FRAME AND MEMBERS(GIVE SIDE/END)** Location:  Left  Right  Front  Rear Failed Part(s):  Original  Replacement

No. of Failures \_\_\_\_\_ Date(s) of Failure(s) \_\_\_\_\_ Mileage at Failure(s) \_\_\_\_\_ Vehicle Speed at Failure(s) \_\_\_\_\_ Failed Part(s) Available?  Yes  No NHTSA Previously Contacted?  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 Damage \_\_\_\_\_ Reported to Police:  Yes  No

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

CONSUMER'S MOTHER IN-LAW WAS DRIVING AT APPROXIMATELY 36 MPH WHEN VEHICLE WAS HIT BY ANOTHER VEHICLE WITH 12 MPH IMPACT, VEHICLE ROLLED OVER. AT IMPACT OF HITTING GROUND, LEFT A PILLAR COLLAPSED, HITTING DRIVER'S HEAD, AND CAUSING SERIOUS LACERATION TO HEAD WHICH CONTRIBUTED TO DRIVER'S DEATH, THEN, VEHICLE ROLLED ONE TIME IN THE AIR, HITTING VEHICLE #3. PLEASE PROVIDE FURTHER DETAIL INFORMATION. \*AK

*Please do something about the safety of this Honda CRV. This devastating tragedy should and would have been prevented.* over

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.

