



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

27-NOV-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

899528

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4S6CG58E1R4401555	HONDA TRUCK	PASSPORT	1994			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 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 01300000 12250000	Part Name(s) STEERING:POWER ASSIST INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	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 Failure	Dates of Failure(s) _____ 23-SEP-2001 Mileage at Failure(s) _____ 120000 Vehicle Speed at Failure(s) _____ 65	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER LOST CONTROL OF VEHICLE WHILE DRIVING 65 MPH, AND VEHICLE WENT DOWN AN EMBANKMENT, THEN ROLLED OVER. DRIVER'S SEAT BELT RELEASED, AND DRIVER WAS EJECTED FROM VEHICLE. SHE SUFFERED A BROKEN ARM AND HEAD INJURIES. FRONT PASSENGER WAS INJURED, NOT SEVERLY DUE TO SEATBELT ALSO RELEASING. VEHICLE WAS TOTALLED. *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.

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 AGENT USE ONLY 758 Date Received: <u>12/21/01</u> Defects Investigation Office Reference No. 899528 Work Number: _____ Home Number: _____	
U.S. Department of Transportation National Highway Traffic Safety Administration		OWNER INFORMATION (Type or Print) Name: <u>LONG BRANCH</u> Address: <u>[REDACTED]</u> City: <u>LONG BRANCH</u> State: <u>NJ</u> Zip: <u>07740</u>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an address to the vehicle manufacturer, _____ Signature of Owner: _____		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date: <u>12/21/01</u>	
VEHICLE INFORMATION			
Year: <u>95</u> Make: <u>HONDA TRUCK</u> Model: <u>PASSPORT</u>	Year: <u>1994</u> Current Odometer Reading: _____	Dealer's Name: <u>Kearny Dodge</u> City: _____ State: _____ Zip Code: _____	
Transmission Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic Antilock Brakes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Restraint System: <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Drive-side Airbag <input type="checkbox"/> Passenger-side Airbag	Cruise Control: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drive Train: <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4 Wheel	Engine Size (CID/CC/L): <u>4cc</u> No. Cylinders: <u>4</u> Turbo Diesel Gas Fuel Injectio	Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <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 <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: <u>01300000</u> <u>12250000</u>	Part Name(s): <u>STEERING:POWER ASSIST</u> <u>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES</u>	Location: <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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>23-SEP-2001</u> Mileage at Failure(s): <u>120000</u> Vehicle Speed at Failure(s): <u>65</u>	Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously: <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: <u>2</u>	Number of Fatalities: <u>None</u>	Estimated Property Damage: <u>Not Sure</u>
Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER LOST CONTROL OF VEHICLE WHILE DRIVING 65 MPH, AND VEHICLE WENT DOWN AN EMBANKMENT, THEN ROLLED OVER. DRIVER'S SEAT BELT RELEASED, AND DRIVER WAS EJECTED FROM VEHICLE. SHE SUFFERED A BROKEN ARM AND HEAD INJURIES. FRONT PASSENGER WAS INJURED, NOT SEVERELY DUE TO SEATBELT ALSO RELEASING. VEHICLE WAS TOTALLED. *AK <i>I was cut off on the left when I swerved away + Lost Control of Vehicle Suffered fractured right elbow + road burn on left shoulder + elbow + lacerations head injuries + neck + back injuries</i>			
CONTINUE ON BACK SHEET			
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 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.			