



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: **DEC 25 12**
OFFICE: **CTS UNIT 100**

Repository
Reference No.
10001150

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: **ATLANTA** State: **GA** Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? **YES**
In the absence of an authorized signature, NHTSA provides your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: **1/22/03**

VEHICLE INFORMATION

Make: **HONDA** Model: **PILOT** Model Year: **2003**
Date Purchased: **10/6/02** Dealer's Name and Telephone Number: **Guinnatt Place Honda** Engine: No: **Cylinders** Fuel Type:
Original Owner: Dealer's City: **Atlanta** State: **GA** Zip Code: **30329**
Transmission Type: **Auto** Antilock Brakes Cruise Control Powertrain: [Redacted] Vehicle Component Code: **137300 VISIBILITY:REAR WINDOW WIPER/WASHER; LINKAGES**
Multiple Failure: [Redacted]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Mileage: [Redacted] Failure Speed: **35** **rear passenger windows**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM15ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: **N**

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER CALLED COMPLAINING WHILE DRIVING THE VEHICLE AT 35MPH AND OPEN THE REAR WINDOW PASSENGER COMPLAINING ABOUT BIG PRESSURE ON THE EAR DRUM. DEALER AND MANUFACTURER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION. TS

Note, the problem is not noise. There is significant physical pressure on the ear drum that is not tolerable. My children were very upset and experienced physical pain for some time after the experience. The experience is unsafe for the vehicle operators as well - that must deal with screaming/yelling from back seat passengers. Note we also own another mid sized SUV (Ford) which does not have the same problem.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 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.