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 252

Date Received	Repository
2003 SEP 12 PM 2:38 04-AUG-2003	Reference No. 10032046

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City ANTHONY / State NM / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/2/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2HKRL186 12H514510	HONDA	ODYSSEY	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
JUNE 2003	RUDOLPH HONDA 915-845-4321		
Original Owner [ ]	Dealer's City: EL PASO / State: TX / Zip Code: 79932		

Transmission Type	Powertrain	Vehicle Component Code
[ ] Antilock Brakes [ ] Cruise Control		162310 STRUCTURE:BODY:DOOR:HINGE AND ATTACHMENTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-AUG-2003	18,466		CARGO STRONG ARM Supports

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHALSABC036)	[ ] Original Equipment Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
[ ] Yes [X] No	[ ] Yes [X] No	1	0	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).

THE VEHICLE WAS PARKED WITHOUT PRIOR WARNING, THE DAUGHTER WENT TO OPEN THE DOOR AND CARGO STRONG ARMS COLLAPSED. *AK STRIKING my DAUGHTER on top of HER HEAD. SHE WAS SEEN By HER PHYSICIAN, AFTER THE FACT Complaining of HEADACHES [redacted]

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

Reference #10032046 AR

State Farm Insurance Companies

Auto Claim Central
P.O. Box 22106
Tempe, AZ 85285-2106

Toll free 1-888-759-9034

August 5, 2003

[redacted]
Anthony, NM [redacted]

RE: Claim Number : 31-3174-933
Policy Number: 0140-764-31A
Date of Loss : August 2, 2003
Our Insured : [redacted]

Dear [redacted]

We would like to take this opportunity to explain the Medical Payments Coverage of the policy. Coverage is provided for reasonable expenses incurred for necessary medical treatment resulting from the accident. The expenses are covered for three years from the date of the accident for bodily injury, provided the injury is discovered and treated within one year of the accident date, up to a limit of $5,000 per person. Specific items covered and limitations are indicated within the policy contract.

To assist us in processing your claim, please sign the enclosed authorization and return it to us. If the injured person is a minor, the minor's parent(s) or legal guardian(s) should sign the authorization.

In the event we make payment to you or on your behalf under the Medical Payments Coverage, we are subrogated to the extent of our payment to the right of recovery you have against any party liable for your injury. This means we can recover the amount we pay for your medical expenses from the person who caused your injury.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).