



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 231

Date Received

20-APR-2004

Repository

Reference No.

10067521

OWNER INFORMATION (Type or Print)

Name

Address

City READFIELD

State ME

Zip Code

Vehicle Number

E-mail Address

Emergency Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an address to the vehicle manufacturer, address to the vehicle manufacturer.
Signature of Owner _____ Date 5/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

JHMES95614S

Make

HONDA

Model

CIVIC Hybrid
"CIVIC HEV"

Model Year

2004

Date Purchased

2/14/2004

Dealer's Name and Telephone Number

Paul Blouin Honda

Engine:

No: Cylinders 4

Fuel Type:

Gasoline

Original Owner

Dealer's City

Augusta

State

ME

Zip Code

04355

Transmission Type

Standard

Antilock Brakes

Cruise Control

Powertrain

Hybrid-electric

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failures: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

3/20/04

Failure Mileage

3000

Failure Speed

70

? electrical failure
? cruise control
? brakes

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE: N/A

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE: N/A

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

Yes No

Fire

Yes No

Number of Persons Injured

1

Number of Deaths

0

Reported to Police

Y

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).

WHILE DRIVING 70 MPH SPEED CONTROL ENGAGED. CONSUMER MADE ATTEMPT TO DISENGAGE THE SYSTEM AND VEHICLE ACCELERATED. THIS CAUSED THE DRIVER TO LOSE CONTROL AND RUN INTO A DITCH. UPON IMPACT, FRONT AIR BAGS DEPLOYED, BUT NOT THE SIDE AIR BAGS. *AK

I had taken an offramp from the highway, was slowing down by breaking and shifting down. Everything was fine until halfway down the ramp the car started to gradually increase in speed to approximately 45-50mph even though I was using the brake and clutch to try to slow down. I got around the one car in front of me, but couldn't make the turn and ended up in the ditch.

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

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Continued from previous page:

The front airbag deployed at impact. The side airbag did not. The impact on me was on the left side. There was a strong "electrical fire" type smell and powder from the airbags, so I thought the car was on fire. I scrambled out the passenger's side as far as I could but found I couldn't stand due to a "triple malleolar" fracture of the left ankle. I had also fractured my left hip joint, pelvis, ulna (lower arm) and first rib. My left lung was collapsed. The Drone rescue service did emergency care, then brought me to Eastern Maine Medical Center where I stayed one week after surgery. Recuperation is going OK, up to this point.

I am concerned that for some reason the car was accelerating when I was trying to slow it down. ?Electrical fault?
The insurance company looked at the brakes + cruise control, said they were fine, but couldn't do a road test because the car was totaled.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/hotline>

TRAFFIC ACCIDENT REPORT
STATE OF MAINE

REPORT NUMBER: **ME0101300** STATE OF MAINE: **04-013672**

DATE OF ACCIDENT: **03 20 2004** DAY OF WEEK: **Sat** TIME REPORTED: **15:18** TIME ARRIVED: **15:25**

ON: **KELLY RD.** TYPE OF STREET OR HIGHWAY: **KELLEY RD** CITY OR TOWN: **Orono** POLICE NUMBER: **19490** COUNTY: **Penobscot**

AT: **08633** DISTRICT FROM SCENE: **05104** DISTRICT TO SCENE: **0** POLICE NUMBER: **08633** DISTRICT TO SCENE: **1.5 To Stillwater Ave.**

UNIT NO. **1 - Vehicle** TOTAL MOTORIST: **1** UNIT NO. EX-1 EX-2 EX-3

DRIVER: [Redacted] STATE: **ME** MIDDLE
CITY: **Readfield** STATE: **ME** CODE NUMBER: **20**

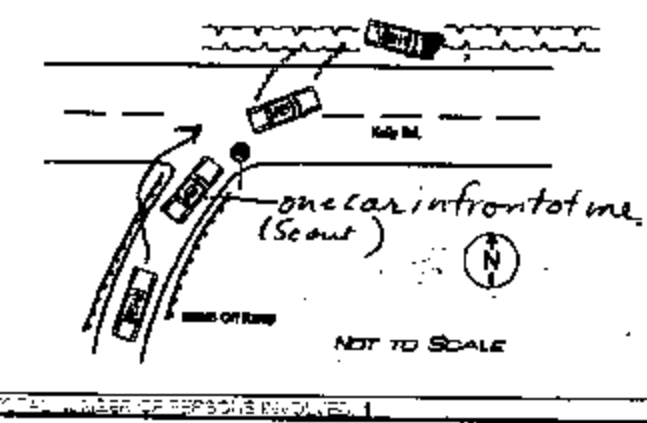
DATE OF BIRTH: [Redacted] SEX: **F** LICENSE STATUS: **ASPH** REST. PERM: **0** CLASS: **C**

OWNER: [Redacted] MIDDLE
CITY: **Readfield** STATE: **ME**

VEHICLE TYPE: **4 Door** YEAR AND MAKE: **2004 Honda Hybrid** COLOR: **Blue (BL)**
LICENSE PLATE NUMBER: [Redacted] YEAR: **2005** ISSUE STATE: **ME** NO. OCCUP: **1**

VEHICLE IDENTIFICATION NO.: **JHME5956145**
INSURANCE CO.: **MMA Insurance Company** POLICY NO.: **AO10830921**

TOWED BY: **Sullivan's Towing** DAMAGE CODES: **1, 2, 3, 7, 8** DAMAGE ESTIMATE: **\$5,000.00**



DESCRIPTION: **Please see attached Form 13.91.**

INSURANCE CODES: **Orono Fire-Retiree(000)**

NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY (OTHER THAN ME):

DRIVER/OWNER/PERSONS INVOLVED	05	06	07	08	09	10	11	12	13	14
(Driver/Owner)	9	3	3	4	5	1	1	1	F	48

REPORTING OFFICER: [Signature] OFFICER NUMBER: **894** POLICE DEPARTMENT: **VEAZIE POLICE DEPARTMENT** APPROVED BY: **Sgt. Rob Gould** DATE: **3/20/2004**

State of Maine
 Supplement to

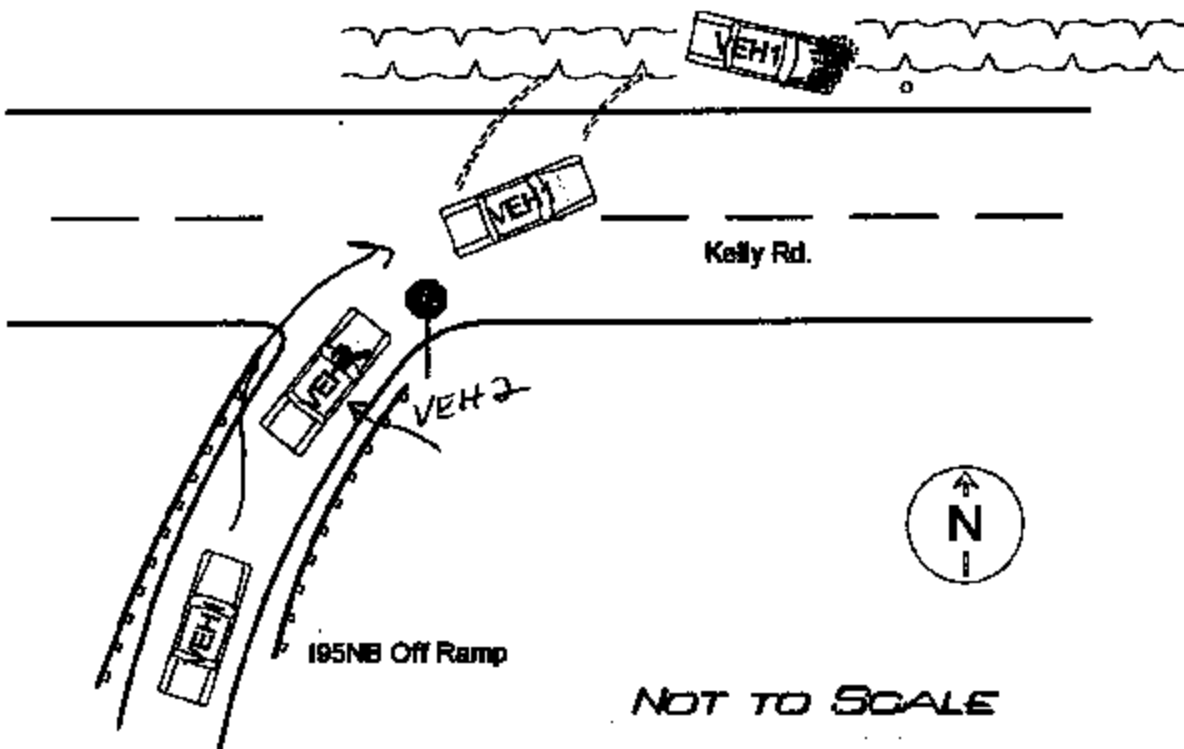
**POLICE
 TRAFFIC ACCIDENT REPORT**

for
 ADDITIONAL DIAGRAMS (IN THE COUNTY)
 ADDRESS OF STATEMENTS TAKEN

CONFIDENTIAL TO POLICE

4 C O U N T Y C O M M O N W E L T H E R 1	City or Town Orono	County 03	Month 20	Year 2004	
	Number of Lanes: (A) KELLEY RD and (B) RT 95 NB		City - Name of Street or Highway KELLEY RD		
	Driver's Name [REDACTED] - Vehicle 1				
	Driver's Name				

DOT 37
 VTR 61
 74930102



State of Maine

Supplement to

POLICE
TRAFFIC ACCIDENT REPORT

for

ADDITIONAL DIAGRAMS, DATA OR ANY

NECESSARY STATEMENTS TAKEN

Confidential if so Marked

AN CU CM IB ER NT	City or Town	Month	Date	Year
	W Orono	03	20	2004
	Number of Highway	Or - Name of Street or Highway		
	ON KELLEY RD and MT BENE	KELLEY RD		
Driver - Name	[REDACTED] - Vehicle 1			
DO NOT WRITE IN THIS SPACE	Driver - Name			

Vehicle 1 was traveling on the off ramp of I-95 NB to Kelly Rd, approaching the stop sign at the end of the off ramp. The operator, because of being unfamiliar with her new vehicle, stepped on the accelerator instead of the break at the stop sign. The vehicle then traveled straight across Kelly Rd. hitting, then coming to rest in the ditch across from the off ramp. Operator complained of neck and back pain. Treated on scene by Orono Fire and Rescue. Transported by Orono ambulance to EMMC. Vehicle towed from scene by Sullivans Towing of Old Town. Estimated damage is approx. \$5000.00.

I have circled the errors in this report and added the car that was in front of me in the pictures, (drawings). The officer had spoken with my husband at the scene who did say I was unfamiliar with the car, but he did not say I accelerated instead of braking. There was a (Scout?) in front of me stopped at the stop sign. My car started to accelerate after I pulled up behind the Scout. I had put the car in neutral as you are supposed to with the engine-assist feature of the hybrid. My Honda Accord Hybrid started accelerating slowly. I could not slow it down with my brake. The brakes are ABS, so I don't believe they would leave marks on the road. I drove around the car in front of me but couldn't keep the Honda on the road at the speed I was going, which I remember as 56 mph. I was braking and trying to shift down at first, but at the end I was trying to drive around the car in front of me. I believe if I hadn't landed in the ditch things could be worse. I didn't think to turn the car out or use my hand break at first. ea-

I do believe there was a car malfunction -
an electrical failure?

I have spoken to officer Michael Adams. He
says he is unable to change the report at this point.

After 9 weeks I am still unable to put all my
weight on my left ankle.

STATE OF MAINE DRIVER REPORT INFORMATION
ORI: ME0101300 INCIDENT ID: 04-013672

Date and Time

Saturday, March 20, 2004, 03:18 PM
Weather: Cloudy

Road Condition: Dry

Officer

Michael Adams (804), VEAZIE POLICE DEPARTMENT

Place

Road on Which Accident Occurred: KELLY RD., KELLEY RD
Intersection With: INT 95 NB, Stillwater Ave.
City Or Town: Orono
County: Penobscot

Unit 1

Vehicle: 2004 Honda, 4 Door Plate: 2005 ME 1456MA VIN: JHME5958145

Insurance Company: MMG Insurance Company Policy Number

Address: Augusta, ME NAIC:

Driver/Owner Information

(Gender: F)

Readfield, ME Date of Birth: 10/01/1955
License: ME

Damage: Front, Right Front, Right Side, Left Side, Left Front

Injured

Name	Age	Desc.	Sex	Unit	Injury Possible Injury
	48	Driver/Owner	F	1	

all on left { broken ankle (triple malleolar)
fractured acetabulum (hip joint)
fractured pelvis
fractured ulna
collapsed left lung