

 U.S. Department of Transportation National Highway Traffic Safety Administration	--DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4238) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252 Date Received: 13 AM 5:52 13-JUL-2004		Repository <input type="checkbox"/>
	OWNER INFORMATION (Type or Print)		Daytime Telephone Number		Reference No. 10081886
Name: _____ Address: _____ City: BRENTWOOD State: NY Zip Code: _____		Evening Telephone Number		E-mail Address	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer. Signature of Owner: _____ Date: 8/19/04					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side ZHKYF18784F		Make HONDA	Model PILOT	Model Year 2004	
Date Purchased 6-10-04	Dealer's Name and Telephone Number Atlantic Honda: (631) 665-0121		Engine: No. Cylinders: 6	Fuel Type:	
Original Owner <input checked="" type="checkbox"/>	Dealer's City Bayshore, NY	State NY	Zip Code 11706		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4-WHEEL DRIVE	Vehicle Component Code 03000-SERVICE BRAKES-HYDRAULIC-ANTILOCK		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 13-JUL-2004	Failure Mileage	Failure Speed 65			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/B6R15)	
DOT No. (Example: DOTM18ABC038)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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(es).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(es). 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 APPLYING THE BRAKES THE PEDAL WENT TO THE FLOOR. BUT CONSUMER LOST BRAKING POWER. CONSUMER WAS ABLE TO STOP. THEN, DROVE THE VEHICLE TO THE DEALER FOR INSPECTION. BUT DEALER COULD NOT DUPLICATE THE PROBLEM.					
Here is the proper report: When driving or applying brake, there's a thump noise in the rear. Atlantic Honda service dept. told me that noise comes from the fuel tank, which is gas sloshing.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974 (Public Law 93-578) 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.					

Please, look into it.  
 I thank you for your service and cooperation.