



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

2005 MAR -7 07-FEB-2005

Reference No.  
10111033

**OWNER INFORMATION (Type or Print)**

Name

Address

City LONGMEADOW

State MA

Zip Code

Daytime Telephone Number

E-mail Address

Evening 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1 / 1

**VEHICLE INFORMATION**

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

~~2HXYF185~~

2HXYF18

2HXYF185

Make

HONDA

Honda

Model

PILOT

Pilot

Model Year

2003

2004

Date Purchased

Dealer's Name and Telephone Number

BALISE HONDA 788-4097 The have been very helpful

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

WEST SPRINGFIELD MA

State

MA

Zip Code

01089

Unleaded

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

4

Vehicle Component Code

100000 VEHICLE SPEED CONTROL

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

07-FEB-2005

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 P215/65R15)

DOT No. (Example: DOTM1BABC036)

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

Yes  No

Fire

Yes  No

Number of Persons Injured

0

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 VEHICLE SUDDENLY ACCELERATED. DRIVER DID NOT APPLY THE BRAKES. DRIVER WAS UNABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND IT WENT DOWN EMBANKMENT SMASHING INTO A TREE. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. NO INJURIES REPORTED. THE VEHICLE WAS TOWED AND TOLEAD BY THE INSURANCE. \*AK

*Incorrect! please see attached letter.*

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.

Dear Sir:

Feb.14,2005

I am adding this to the form that you sent to me because the information on the form is not entirely correct. The person I spoke with was very nice and very concerned about our 2 accidents but it seems that she did not get all the information correct including the VIN # and also we were talking about 2 different cars and 2 different VIN#'s. Please let me explain:

In July of 2004 my husband was driving our 6 month old Honda Pilot VIN # 2HKYF185 [REDACTED], it had less than 10,000 miles on it. He was driving on interstate 495 in Massachusetts, at 7:00 A.M. on a clear day in moderate traffic. He was traveling at 65 miles per hour in a 65 mile speed zone. There were three lanes and he was in the middle lane. He wanted to change lanes and go into the left lane.

He looked in both mirrors and turned his head to look, saw no cars and started into the left lane when he saw a car in his blind spot, so he returned to the center lane. The instant he turned back to the center lane the car began spinning out of control. It crossed over the right hand lane, fortunately no cars were there, and then hit the guard rail, totaling the car. The back, and front were smashed in, all windows broken, and both sides were damaged. No air bags deployed. Fortunately, he was not hurt at all. The car was towed to a salvage yard and our insurance company paid for a new car.

Several family members and friends urged him not to buy another Honda Pilot but he liked the car, thought it was just a freak accident, and since he emerged without a scratch, he bought another Honda Pilot.

On Sunday, February 6, 2005, my husband and I were again on interstate 495, it was a clear day and the traffic was light. This time I was driving our Honda Pilot 2004, VIN # 2HKYF185 [REDACTED]. I was going 60-65 miles per hour in a 65 miles speed zone when I decided to change lanes. At this point on the highway there were only 2 lanes and I was in the right lane. I looked in both my mirrors, and turned my head and then I started in to the left lane when suddenly I heard a car horn. I went back into the right lane and instantly the car swerved out of control. Spinning around several times and then going down an embankment, rear first, about 40 feet before hitting a small tree. The back window blew out, the trunk was smashed, no air bags deployed. We were not hurt. The car was towed up the embankment and then were able to drive it home.

My husband, who was seated next to me during the incident, said his earlier accident happened exactly the same way.

This time he did not think it was just a freak accident, and we traded the Honda Pilot in for a different car.

We do not think this was just a coincidence, as the person I spoke to at Honda of America said. They took my information, said they hadn't any other similar reports, and that it just sounded like coincidence.

We are concerned because there was 2 different drivers, 2 different cars, although the same model, and exactly the same thing happened. I am sending along a copy of the second accident report. I do not have a copy of the first accident report, since I didn't think I needed it anymore.

I will fill out the statement you sent me and make some correction on it by adding the 2 VIN #'s, if you need me to fill out a new form please send it to me.

We are anxious to cooperate with you so that no one else has a bad accident with their Honda pilot.

*Thank you for your help.*

*Sincerely,*

[REDACTED]

Section A: Crash Location

Please complete Section A1 or A2 below to indicate the location of the crash. You may use additional space to describe the crash location. Please use the Crash Narrative Section on the back page of this form.

**SECTION A1** Complete this Section if you know the location of the crash. If you do not know the location of the crash, please complete Section A2.

**Step 1:** Please indicate the route or roadway where you were traveling when the crash occurred:

Route # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

**Step 2:** What was the name (or names) of the intersecting streets?

Route # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Route # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

**SECTION A2** Complete this Section if you do not know the location of the crash. If you do not know the location of the crash, please complete Section A1.

**Step 1:** Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route # I 495 at Street or Address Number \_\_\_\_\_ on the Street/Roadway known as \_\_\_\_\_

**Step 2:** Please provide as much of the following specific location information as possible:

The crash occurred (estimate the number of feet) \_\_\_\_\_ (Indicate direction as N/S/E/W) \_\_\_\_\_ of \_\_\_\_\_

a) Mile Marker number \_\_\_\_\_  
 OR: b) Exit Number I 495N between exits 413  
 OR: c) Intersecting Street/Roadway \_\_\_\_\_  
 OR: d) Landmark \_\_\_\_\_

Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): 2 Was vehicle damaged above \$1000?  Yes  No

Driver's License Number: \_\_\_\_\_ License State: MA Date of Birth: \_\_\_\_\_ Sex: M License Class: D - A - B - C Commercial Driver's License Endorsements: \_\_\_\_\_

Your Full Name (Last, First, Middle): \_\_\_\_\_ Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_

Insurance Company: Safety Vehicle Identification # (VIN): 5DYL15 Reg. State: MA Vehicle Year: 2004 Vehicle Make: HONDA Vehicle Model: Pilot

Indicate year type of vehicle:

1 Passenger	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Box (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle): Pioneer Valley Pediatrics, Inc. Street Address: 123 City/Town: WINTHROP State: MA Zip: 01096

Vehicle Travel Direction: N - S - E - W

What Was Your Vehicle Doing Prior to Crash?

1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
2 Stopping or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first? 40 What happened 2<sup>nd</sup> (if applicable)? 27 What happened 3<sup>rd</sup> (if applicable)? 21 What happened 4<sup>th</sup> (if applicable)? \_\_\_\_\_

Collision with:

1 Motor vehicle in traffic	23 Light pole or other post/support	Non-Collision
2 Parked motor vehicle	24 Guardrail	40 Ran off road right
3 Pedestrian	25 Median barrier	41 Ran off road left
4 Cyclist	26 Ditch	42 Cross median/counterlane
5 Animal-deer	27 Embankment/Sloping shoulder	43 Overtaken/follower
6 Animal-other	28 Highway traffic signpost	44 Equipment failure (blown tire, brakes, etc)
7 Moped	29 Overhead sign support	45 Fire/explosion
8 Work zone maintenance equipment	30 Fence	46 Immersion
9 Railway vehicle (train, engine)	31 Mailbox	47 Jackknife
10 Other movable object	32 Crash cushion/Impact attenuator	48 Cargo/equipment loss or shift
11 Unknown movable object	33 Bridge	49 Separation of units
20 Car	34 Bridge overhead structure	50 Downhill runaway
21 Tire	35 Other fixed object (wall, building, tunnel)	51 Other non-collision
22 Utility pole	36 Unknown fixed object	52 Unknown non-collision
		97 Other
		99 Unknown

Was your Vehicle Towed From the Scene Due to Damage?  Yes  No

Vehicle Damaged Area: 2 (circle up to three)

10 Undercarriage  
11 Totaled

WAS Winched up the embankment

### Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex (M/F)	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Name of Passenger 1 (Last, First, Middle)		SAME Address										
Name of Passenger 2 (Last, First, Middle)		[Redacted]										
Name of Passenger 3 (Last, First, Middle)		[Redacted]										

  

<b>A. Seating Position</b> 1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) 8 Third row - middle 9 Third row - right side 10 Sleeper section of cab 11 Enclosed passenger area 12 Unenclosed passenger area 13 Trailing unit 14 Riding on vehicle exterior 97 Other 99 Unknown		<b>B. Safety System Used</b> 0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown		<b>C. Air Bag Status</b> 1 Deployed - front 2 Deployed - side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		<b>D. Air Bag Switch</b> 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown	
<b>E. Ejected From Vehicle?</b> 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		<b>F. Trapped?</b> 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		<b>G. Injured?</b> 1 Fatal injury 2 Non-fatal injury 3 Incapacitating 4 Possible 5 No injury 99 Unknown		<b>H. Transported for Medical Care?</b> 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown	

### Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the vehicle:        Was vehicle damaged above \$1000? Yes / No / None Mapped? Yes / No Hit and Run? Yes / No

Driver's License Number:        License State:        Date of Birth:        Age:        Sex:        License Class:        Commercial Driver's License Endorsements:       

Full Name of Vehicle Driver (Last, First, Middle):        Street Address:        City/Town:        State:        Zip:       

Insurance Company:        Vehicle Registration #:        Reg. Type:        Reg. State:        Vehicle Year:        Vehicle Make:       

Indicate type of vehicle:  
 1 Passenger car (2-6 seats)        4 Van (15 or more passengers)        5 Truck/trailer        12 Tractor/triplex         
 2 Light truck (van, mini-van, pick-up, sport utility)        6 Bus (7-15 passengers)        9 Truck tractor (bobtail)        13 Unknown heavy truck         
 3 Motorcycle        7 Single-unit truck (2 axles)        10 Tractor/semi-trailer        14 Motor home/recreational vehicle         
 8 Single-unit truck (3 or more axles)        11 Tractor/doubles       

Full Name of Vehicle Owner (Last, First, Middle):        Street Address:        City/Town:        State:        Zip:       

Vehicle Travel Direction:        What Was The Vehicle Doing Prior to Crash?  
 1 Travelling straight ahead        4 Turning left        7 Leaving traffic lane        10 Backing         
 2 Slowing or stopped        5 Changing lanes        8 Making U-turn        11 Parked         
 3 Turning right        6 Entering traffic lane        9 Overtaking/passing        97 Other         
 99 Unknown       

### Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved:        1 Pedestrian        2 Cyclist        3 Skater        97 Other        99 Unknown       

What was the non-motorist doing prior to the crash?  
 1 Entering or crossing location        6 Working on vehicle         
 2 Walking, running or cycling        7 Standing         
 3 Working        97 Other         
 4 Pushing vehicle        99 Unknown         
 5 Approaching or leaving vehicle       

Where was the non-motorist prior to the crash?  
 1 Marked crosswalk at intersection        6 Median (but not on shoulder)  
 2 At intersection but no crosswalk        7 Island  
 3 Non-intersection crosswalk        8 Shoulder  
 4 In roadway        9 Sidewalk  
 5 Not in roadway        10 Shared-use path or trail  
 99 Unknown       

Date of Birth/Age:        Sex:        Full Name of Non-Motorist (Last, First, Middle):        Street Address:        City/Town:        State:        Zip:       

<b>Safety Equipment?</b> 0 None used 6 Helmet 7 Protective pads (elbows, knees, etc.) 8 Reflective clothing		<b>Injured?</b> 1 Fatal injury 2 Non-fatal injury 3 Incapacitating 4 Possible 5 No injury 99 Unknown		<b>Transported for Medical Care?</b> 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown If transported, please indicate Hospital/Medical Facility:	
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### Section F: Crash Conditions

<b>Light Condition</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unlit roadway 97 Other 99 Unknown	<b>Weather Conditions (up to two)</b> 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, mist, smoke 7 Severe conditions 8 Blowing sand, snow 97 Other 99 Unknown	<b>Traffic Control Device</b> 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	<b>Was the primary control device malfunctioning at the time of the crash?</b> 1 Yes 2 No	<b>Road Surface</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, flowing) 7 Slush 8 Other 99 Unknown	<b>Roadway Intersection Type</b> 1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
<b>Trafficway Description</b> 1 Two-way, not divided 2 Two-way, divided, unprotected roadway 3 Two-way divided, protected roadway 4 One-way, not divided 99 Unknown		<b>School Bus Related?</b> 1 Yes 2 No	<b>Work Zone Related?</b> 1 Yes 2 No	<b>Manner of Collision</b> 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction 6 Head on 7 Rear to rear 99 Unknown	

### Section G: Crash Diagram

Please draw a diagram of the roadway or streets where the crash occurred, indicating the direction of travel using the following symbols:

→ = Direction  
 1 = Vehicle 1 (Your Vehicle)  
 2 = Vehicle 2  
 O = Pedestrian/Non-Motorist

Select one of the following if the crash did not occur on a public way:

- Off-street parking lot
- Garage
- Mall/shopping center
- Other private way

### Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone
Wolf, Janice	115 Paradise Lane, Fiskdale, MA	508-347-5384

### Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description
NONE			

### Section J: Crash Narrative

Car #1 travel on Route 195 N RIGHT LANE. CAR #2 travel in left lane.  
 Car #1 attempted to change lanes and move into left lane but car #2 was in blind spot. Car #2 sounded horn.  
 Car #1 corrected back to right lane but car skidded out of control backwards, down embankment and streambed collided with small tree.

### Section K: Signature

Signature: \_\_\_\_\_ Date: 02/29/05  
Sign under Pain and Penalty of Perjury