



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 262

Date Received

Repository ☐

Reference No.

10115735

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?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

☒ YES

☐ NO

Signature of Owner

Date 1/1

VEHICLE INFORMATION

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

~~2HKEYF8573H~~

2HKEYF8573H

Make

HONDA

Honda

Model

PILOT

Pilot

Model Year

2003

2004

Date Purchased

Dealer's Name and Telephone Number

BALISE HONDA 788-4097

Engine

1800 cc

Cylinders

4

Fuel Type

Gas

Original Owner

☒

WOLFSPRINGFIELD MA

State

MA

Zip Code

01089

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

07-FEB-2006

Failure Mileage

85

Failure Speed

85

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM18AB0038)

☐ 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, failure, crash, and injury.)

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(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 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 TOTALED 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 93-579 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.

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 # 2HKYF18573H [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 # 2HKYF185X4H [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]

Middleborough

Date of Crash

02/06/05

Time of Crash

12:40

AM PM

AM

Vehicles Involved

1

Section A: Crash Location

Please complete Section A1 or A2 below to indicate the location of the crash.

SECTION A1: Crash Location on a Map

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

Route # **1** Name of Roadway/Street **MA 1A**

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

Route # **2** Name of Roadway/Street **MA 1A**

Route # **3** Name of Roadway/Street **MA 1A**

SECTION A2: Crash Location on a Map

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

The crash occurred on Route # **1A** at Mile or Address Number **1.495**

on the Street/Roadway known as **MA 1A**

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

The crash occurred (indicate the number of feet) **1.495** (Indicate direction as follows) **between exits 243**

a) Mile Marker number **1.495**
b) Exit Number **243**
c) Intersecting Street/Roadway **MA 1A**

Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself) **2** Was vehicle damaged above \$1000? **Yes**

Driver's License Number **MA 10/15/4163** License Class **M** Commercial Driver's License Endorsements **None**

Street Address **123 Pioneer Valley Rd** City/Town **MA** State **MA**

Vehicle Registration # **MA 10/15/4163** Reg. Type **PAN** Reg. State **MA** Vehicle Year **2004** Vehicle Make **Honda** Vehicle Model **Pilot**

Indicate type of vehicle:

1 Light truck (1-10, incl. van) **2** 2 Light truck (11-15 passengers) **3** 3 Light truck (16-20 passengers) **4** 4 Light truck (21-25 passengers) **5** 5 Light truck (26-30 passengers) **6** 6 Light truck (31-35 passengers) **7** 7 Light truck (36-40 passengers) **8** 8 Light truck (41-45 passengers) **9** 9 Light truck (46-50 passengers) **10** 10 Light truck (51-55 passengers) **11** 11 Light truck (56-60 passengers) **12** 12 Light truck (61-65 passengers) **13** 13 Light truck (66-70 passengers) **14** 14 Light truck (71-75 passengers) **15** 15 Light truck (76-80 passengers) **16** 16 Light truck (81-85 passengers) **17** 17 Light truck (86-90 passengers) **18** 18 Light truck (91-95 passengers) **19** 19 Light truck (96-100 passengers) **20** 20 Light truck (101-105 passengers) **21** 21 Light truck (106-110 passengers) **22** 22 Light truck (111-115 passengers) **23** 23 Light truck (116-120 passengers) **24** 24 Light truck (121-125 passengers) **25** 25 Light truck (126-130 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passengers) **397** 397 Light truck (1986-1990 passengers) **398** 398 Light truck (1991-1995 passengers) **399** 399 Light truck (1996-2000 passengers) **400** 400 Light truck (2001-2005 passengers) **401** 401 Light truck (2006-2010 passengers) **402** 402 Light truck (2011-2015 passengers) **403** 403 Light truck (2016-2020 passengers) **404** 404 Light truck (2021-2025 passengers) **405** 405 Light truck (2026-2030 passengers) **406** 406 Light truck (2031-2035 passengers) **407** 407 Light truck (2036-2040 passengers) **408** 408 Light truck (2041-2045 passengers) **409** 409 Light truck (2046-2050 passengers) **410** 410 Light truck (2051-2055 passengers) **411** 411 Light truck (2056-2060 passengers) **412** 412 Light truck (2061-2065 passengers) **413** 413 Light truck (2066-2070 passengers) **414** 414 Light truck (2071-2075 passengers) **415** 415 Light truck (2076-2080 passengers) **416** 416 Light truck (2081-2085 passengers) **417** 417 Light truck (2086-2090 passengers) **418** 418 Light truck (2091-2095 passengers) **419** 419 Light truck (2096-2100 passengers)

Section C: You and Your Passengers

Please provide the last name, address, and DOB or Age for all passengers in your vehicle. Please 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.

Driver (See previous page)	Date of Birth/Age	Sex	A	B	C	D	E	F	G	H	Name of Medical Facility
[Redacted]	[Redacted]	[Redacted]	F	1	1	4	4	0	0	5	[Redacted]
Name of Passenger 1 (Last, First, Middle)	City/Town	State	Zip								
[Redacted]	[Redacted]	[Redacted]	[Redacted]								
Name of Passenger 2 (Last, First, Middle)	City/Town	State	Zip								
[Redacted]	[Redacted]	[Redacted]	[Redacted]								
Name of Passenger 3 (Last, First, Middle)	City/Town	State	Zip								
[Redacted]	[Redacted]	[Redacted]	[Redacted]								

A. Seating Position		B. Safety Systems Used		C. Air Bag Status		D. Air Bag Switch	
1 Front seat - left side (or motorcycle driver)	9 Third row - right side	0 None used	0 None used	1 Deployed - front	1 Switch in ON position	1 Switch in ON position	1 Switch in ON position
2 Front seat - right side	10 Slopper section of cab	1 Shoulder and lap belt	1 Lap belt only	2 Deployed - side	2 Switch in OFF position	2 Switch in OFF position	2 Switch in OFF position
3 Front seat - middle	11 Enclosed passenger area	2 Shoulder belt only	2 Child safety seat	3 Deployed both - front and side	3 ON-OFF switch not present	3 ON-OFF switch not present	3 ON-OFF switch not present
4 Second row - left side (or motorcycle passenger)	12 Unenclosed passenger area	3 Child safety seat	3 Helmet	4 Not deployed	4 Unknown if switch is present	4 Unknown if switch is present	4 Unknown if switch is present
5 Second row - middle	13 Trailing unit	99 Unknown	99 Unknown	5 Not applicable	5 Not applicable	5 Not applicable	5 Not applicable
6 Second row - right side	14 Riding on vehicle exterior			99 Unknown	99 Unknown	99 Unknown	99 Unknown
7 Third row - left side (or motorcycle passenger)	97 Other						
8 Third row - middle	99 Unknown						

E. Ejected From Vehicle?		F. Trapped?		G. Injured?		H. Transported for Medical Care?	
0 Not ejected or trapped	0 Not trapped	1 Fatal injury	1 Not transported	1 Not injured	1 Not transported	1 Not transported	1 Not transported
1 Partially ejected	1 Trapped by mechanical means	2 Non-fatal injury	2 EMS (emergency service)	2 No injury	2 EMS (emergency service)	2 EMS (emergency service)	2 EMS (emergency service)
2 Partially ejected	2 Trapped by non-mechanical means	3 Incapacitating	3 Police	3 No injury	3 Police	3 Police	3 Police
3 Not applicable	99 Unknown	4 Non-incapacitating	99 Unknown	99 Unknown	99 Unknown	99 Unknown	99 Unknown
99 Unknown		4 Possible					

Section D: Other Vehicles Involved in the Crash

Number of occupants in the vehicle		Was vehicle damaged before crash?		Motorist?		Hit and Run?																	
1	2	Yes	No	Yes	No	Yes	No																
Driver's License Number	License State	Date of Birth	Age	Sex	License Class	Commercial Driver's License Endorsements	Passenger																
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]																
Full Name of Vehicle Driver (Last, First, Middle)		Street Address		City/Town		State Zip																	
[Redacted]		[Redacted]		[Redacted]		[Redacted]																	
Insurance Company		Vehicle Registration #		Reg. Type		Vehicle Year																	
[Redacted]		[Redacted]		[Redacted]		[Redacted]																	
Indicate the type of vehicle																							
1 Passenger car	4 Light (15 or more passengers)	8 Truck/trailer	12 Motorcycle	97 Other																			
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown																			
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractorhead-trailer	14 Motor home/recreational vehicle																				
	7 Single-unit truck (3 or more axles)	11 Tractor/trailer																					
Full Name of Vehicle Owner (Last, First, Middle)		Street Address		City/Town		State Zip																	
[Redacted]		[Redacted]		[Redacted]		[Redacted]																	
Vehicle Travel Direction		What Was The Vehicle Doing Prior to Crash?																					
[Redacted]		<table border="1"> <tr> <td>1 Traveling straight ahead</td> <td>4 Turning left</td> <td>7 Leaving traffic lane</td> <td>10 Backing</td> </tr> <tr> <td>2 Slowing or stopped</td> <td>5 Changing lanes</td> <td>8 Making U-turn</td> <td>11 Parked</td> </tr> <tr> <td>3 Turning right</td> <td>6 Entering traffic lane</td> <td>9 Overtaking/passing</td> <td>97 Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td>99 Unknown</td> </tr> </table>						1 Traveling 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
1 Traveling 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 in the crash		Where was the non-motorist prior to the crash?	
1 Pedestrian	2 Cyclist	3 Stroller	97 Other
99 Unknown			
What was the non-motorist doing prior to the crash?		Where was the non-motorist prior to the crash?	
1 Entering or crossing location	6 Working on vehicle	1 Marked crosswalk at intersection	6 Median (but not on shoulder)
2 Walking, running or cycling	7 Standing	2 At intersection but no crosswalk	7 Island
3 Working	97 Other	3 Non-intersection crosswalk	8 Shoulder
4 Pushing vehicle	99 Unknown	4 In roadway	9 Sidewalk
5 Approaching or leaving vehicle		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)	
[Redacted]	[Redacted]	[Redacted]	
City/Town		State Zip	
[Redacted]		[Redacted]	
Safety Equipment?		Injured?	
0 None used	1 Lighting	1 Fatal injury	1 Not transported
6 Helmet	10 Other	2 Non-fatal injury	2 EMS (emergency service)
7 Protective pads (elbows, knees, etc.)	99 Unknown	3 Incapacitating	3 Police
8 Reflective clothing		4 Non-incapacitating	99 Unknown
		4 Possible	
		If transported, please indicate Hospital/Medical Facility	
		[Redacted]	

Section F: Crash Conditions

Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unimproved roadway 7 Other 99 Unknown	Weather Conditions (up to 10) 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, haze, mist 7 Smoke, steam 8 Blowing sand, snow 9 Other 99 Unknown	Traffic Control Device 1 No controls 2 Stop sign 3 Traffic control signal 4 Flashing traffic control signal 5 Yield sign 6 School zone sign 7 Warning sign 8 Railroad crossing advance 9 Unknown	Was the vehicle control device functioning at the time of the crash? 1 Yes 2 No	Road Surface 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, salt, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 8 Other 99 Unknown	Roadway Information Type 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 Elsewhere 10 Railway grade crossing 99 Unknown
Trafficway Description 1 Two-way, not divided 2 Two-way, divided, unsymmetrical 3 Two-way divided, protected median 4 One-way, not divided 99 Unknown	School Bus 1 Yes 2 No	Work Zone 1 Yes 2 No	Direction of Collision 1 Single vehicle crash 2 Rear-end 3 Angle 4 Side-swipe, same direction 5 Side-swipe, opposite direction 6 Head-on 7 Rear to rear 99 Unknown		

Section G: Crash Diagram

Date: 02/09/05
 Time: 10:00 AM
 Location: Fiskdale, MA

Please draw a diagram of the roadway or street where the crash occurred, indicating the vehicle involved and direction of travel using the following symbols:

- = Direction
- = Vehicle 1 (Your Vehicle)
- = Vehicle 2
- = Pedestrian/Bicyclist

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

- Off-street parking lot
- Garage
- Main shopping center
- Other private way

Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone
	Fiskdale, MA	

Section I: Property Damage Information (Other than Vehicles)

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

Section J: Crash Narrative

Travel on Route 125 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 snow covered embankment and ~~impaled~~ collided with small tree.

Section K: Signature

Signed under Pain and Penalty of Perjury: Carol Bald
 Date: 02/09/05