

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



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 100148

Date Received 22-JUN-2015

Repository ☐

Reference No.
10726570

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City EL PASO State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
5FNRL18874B [REDACTED] Make HONDA Model ODYSSEY Model Year 2004

Date Purchased 11/19/13 Dealer's Name and Telephone Number Finn's Discount Autos 915 790 2424
Original Owner ☐ Dealer's City EL PASO State TX Zip Code 79915
Engine: No: Cylinders Fuel Type:

Transmission Type ☐ Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 22-MAY-2015
☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Failure Mileage 70000 Failure Speed 55

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: DOTM19ABC036) ☐ Original Equipment Failure Location:
☐ Prior Repair
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 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).

TL* THE CONTACT OWNED A 2004 HONDA ODYSSEY. WHILE DRIVING AT APPROXIMATELY 55 MPH, ANOTHER VEHICLE LOST CONTROL AND CRASHED INTO THE CONTACT'S VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT SUSTAINED CHEST, KNEE, AND BACK INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 70,000.

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.

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units 2 Total Num. Prsns. 6 TxDOT Crash ID 14451110.1 /2015209629

Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

*Crash Date (MM/DD/YYYY) 05 / 22 / 2015		*Crash Time (24HRMM) 1 7 1 0		Case ID		Local Use CRCC/33	
*County Name EL PASO				*City Name EL PASO			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?				Latitude (decimal degrees)		Longitude (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. IH		*Hwy. Num. 10		2 Rdwy. Part 1		Block Num. MP 19	
3 Street Prefix E		*Street Name I10		4 Street Suffix FWY			
☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				☐ Toll Road/Toll Lane		Speed Limit 60	
Const. Zone ☐ Yes ☒ No				Workers Present ☐ Yes ☒ No		Street Desc. PAVED, SIX LANE, ONE-WAY HIGHWAY	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. ☐ Yes ☒ No		1 Rdwy. Sys. IH		Hwy. Num. 10		2 Rdwy. Part 1	
Block Num. MP 19		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker 100		☐ FT ☒ MI		3 Dir. from Int. or Ref. Marker E		Reference Marker	
Street Desc.		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX	
LP Num.		VIN 1 F A F P 3 7 N 2 6 W					
Veh. Year 2 0 0 6		6. Veh. Color GRX		Veh. Make FORD		Veh. Model FOCUS	
7 Body Style P4		☐ Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 5		DL/ID State		DL/ID Num.		9 DL Class 5	
10 CDL End. 5		11 DL Rest. 5		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) EL PASO, TX							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		14 Injury Severity C	
Age		15 Ethnicity H		16 Sex 2		17 Eject. 1	
18 Restr. 1		19 Airbag 2		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result. 97		25 Drug Category. 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
☒ Owner ☐ Lessee							
Owner/Lessee Name & Address EL PASO, TX							
Proof of Fin. Resp. ☒ Yes ☐ No		☐ Expired ☐ Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name DAIRYLAND COUNTY MUTUAL INS.	
Fin. Resp. Phone Num. (800) 373-6879		27 Vehicle Damage Rating 1 2 - R F Q - 3		27 Vehicle Damage Rating 2		Vehicle Inventoried ☒ Yes ☐ No	
Towed By EXTREME TOWING				Towed To 11615 RAILROAD			
Unit Num. 2		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX	
LP Num.		VIN 5 F N R L 1 8 8 7 4 B					
Veh. Year 2 0 0 4		6. Veh. Color WHI		Veh. Make HONDA		Veh. Model ODYSSEY	
7 Body Style VN		☐ Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num.		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) EL PASO, TX							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		14 Injury Severity C	
Age		15 Ethnicity H		16 Sex 1		17 Eject. 1	
18 Restr. 1		19 Airbag 1		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result. 97		25 Drug Category. 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
☒ Owner ☐ Lessee							
Owner/Lessee Name & Address EL PASO, TX							
Proof of Fin. Resp. ☒ Yes ☐ No		☐ Expired ☐ Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name ACCC INS. CO.	
Fin. Resp. Phone Num. (888) 879-8363		27 Vehicle Damage Rating 1 1 2 - F D - 4		27 Vehicle Damage Rating 2		Vehicle Inventoried ☒ Yes ☐ No	
Towed By EXTREME TOWING				Towed To 11615 RAILROAD			

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Sierra Medical Center	Fire Medical Services		
	2	1	Sierra Providence East Med Ctr	Fire Medical Services		
	2	2	Memorial Medical Center	Fire Medical Services		
	2	3	Memorial Medical Center	Fire Medical Services		
	2	4	Memorial Medical Center	Fire Medical Services		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	FAIL TO CONTROL SPEED	18-821102

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	☐ 10,001+ LBS.	☐ TRANSPORTING HAZARDOUS MATERIAL	☐ 9+ CAPACITY	CMV Disabling Damage? ☐ Yes ☐ No	28 Veh. Oper.	29 Carrier ID-Type	Carrier ID-Num.
	Carrier's Corp. Name	Carrier's Primary Addr.		30 Veh. Type				
	31 Bus Type	☐ RGWV ☐ GVWR	HazMat Released ☐ Yes ☐ No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
	Trailer 1 Unit Num.	☐ RGWV ☐ GVWR	34 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Trailer 2 Unit Num.	☐ RGWV ☐ GVWR	34 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	22	4						1	1	98	4	1	1	17	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale				
	I-10 East is a four lane, one-way, Interstate Highway which for vehicular traffic East. The lanes are clearly marked for traffic East bound. Unit # 1 (passenger car) was traveling in lane # 3, at which time the driver indicated a vehicle was approaching from lane # 4 and she veered to the left and spun out of control. Unit # 1 while spinning out of control ended up facing West on the East bound lanes (wrong way). Unit # 2 was also traveling East bound in lane # 3 directly behind Unit # 1 at which time he was unable to stop and collided with Unit # 1. The driver and passengers of Unit # 2 were all transported to local hospital with non-life threaten injuries. The driver of Unit # 1 was also transported to local hospital with non-life threaten injuries. The driver of unit # 1 was cited at the hospital and released to medical staff. No witnesses were reported at the scene.									

INVESTIGATOR	Time Notified (24HR:MM)	1 7 1 1	How Notified/Dispatched	Time Arrived (24HR:MM)	1 7 1 4	Report Date (MM/DD/YYYY)	05/22/2015
	Invest. Comp. ☒ Yes ☐ No	Investigator Name (Printed) Alvarez, Jose		ID Num.		2602	
	ORI Num.	T X 0 7 1 0 2 0 0		*Agency EL PASO POLICE DEPARTMENT		Service/Region/DA C C	



Rudolph HONDA

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MAY 14 2015

CUSTOMER NO.	ADVISOR	4213	TAG NO.	H074	INVOICE DATE	05/14/15	INVOICE NO.
EL PASO, TX	LABOR RATE	LICENSE NO.	MILEAGE	94,330	COLOR		STOCK NO.
	YEAR / MAKE / MODEL	04/HONDA/ODYSSEY/			DELIVERY DATE	06/04/04	DELIVERY MILES
	VEHICLE I.D. NO.	5 F N R L 1 8 8 7 4 B			SELLING DEALER NO.		PRODUCTION DATE
	F.T.E. NO.	P.O. NO.			R.O. DATE	05/14/15	
BUSINESS PHONE	COMMENTS			MO:			

LABOR
J# 4 02HOZ03 INFLATOR RECALL TECH(S):4171 WARRANTY
CUSTOMER REQUEST CAMPAIGN#14-070 PASSENGER INFLATER UPGRADE
PER HONDA BULLETIN.
BULLETIN 14-070
REPLACE PASSENGER AIR BAG INFLATER
(0.7) 7541B1 5WX00 JM200
24771850075011

PARTS	QTY	FP	NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	WARRANTY
	1		04785-S0X-306	KIT, INFL			0.00
TOTAL - PARTS							0.00

JOB# 4 TOTALS
J# 5 CHARGES
J# 4 JOURNAL PREFIX HOES JOB# 4 TOTAL 0.00

LABOR
J# 5 00HOZ14 MULTIPOINT CK TECH(S):4171 0.00
CUSTOMER REQUESTS PREFORM MULTIPOINT INSPECTION
POSSIBLE MAIN SEAL LEAKING , REAR ENGINE MOUNT AND TRANS
MOUNTS BROKEN
NEEDS DRIVE BELTS
PREFORM MULTIPOINT INSPECTION AS REQUESTED REPORT CONDITION
ON FORM

JOB# 5 TOTALS
J# 5 JOURNAL PREFIX HOES JOB# 5 TOTAL 0.00

COMMENTS
++SHUTTLE++

TOTALS

* [] CASH [] CHECK CK NO. [] *
* [] VISA [] MASTERCARD [] DISCOVER *
* [] AMER XPRESS [] OTHER [] CHARGE *

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE \$	0.00

THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE

TERMS: STRICTLY CASH, MAJOR CREDIT
CARDS OR APPROVED CHECKS.

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO
VEHICLES OR ARTICLES LEFT IN VEHICLES IN
CASE OF FIRE, THEFT, ACCIDENT, CAR WASH OR
ANY OTHER CAUSE BEYOND OUR CONTROL.

By leaving your vehicle for servicing, you are
expressly consenting to the installation of
either new, remanufactured or refurbished
parts at the discretion of Rudolph.

Remanufactured Parts meet manufacturer
approved service part requirements and are
made from previously used components in
a process that involves disassembly, in-
spection, cleaning, update of software and
replacement of parts as appropriate, testing
and reassembly.

Refurbished Parts meet manufacturer
approved service parts requirements and are
previously used parts that are inspected,
cleaned, tested and repackaged.

DISCLAIMER OF WARRANTIES
The warranties, if any, applying to the
part(s) and/or service are those made by the
manufacturer. The selling dealer hereby
expressly disclaims all warranties, either
express or implied, including any implied
warranty of merchantability of fitness for a
particular purpose, and neither assumes nor
authorizes any other person to assume for it
any liability in connection with the sale of this
part(s) and or service. Buyer shall not be
entitled to recover from the selling dealer any
consequential damages, damages to property,
damages for loss of use, loss of time, loss of
profits or income, or any other incidental
damages.

SHOP SUPPLIES

A charge is included for supplies used on your
vehicle. Applicable supply items are: nuts,
bolts, washers, tape, pins, aerospray, shellac,
solvents, rags, carburetor cleaner, towels,
solder, battery cleaner, wire, window sealer,
etc. and environmental disposal fees.

LABOR TIME GUIDES

In determining the labor charges for these
repairs Rudolph uses the hours published in
the Mitchell or other Labor Time Guide. It
reflects an average time requirement for the
performance of specific vehicle repairs and
which may, therefore, be either more or less
than actual clock time in any given instance.

Thank You!

CUSTOMER NAME AND ADDRESS:

EL PASO, TX

CUSTOMER TELEPHONE #:

CUSTOMER EMAIL ADDRESS:



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To help make sure your brakes will always
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Must be used on future visit.

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Rudolph Honda

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Coupon Expires: August 12, 2015

S-48

El Paso Tx



1000



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FIRST CLASS

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National Highway Traffic Safety Administration
Office of Defects Investigation. NVS - 210
1200 New Jersey Avenue SE
Washington. D.C 20077 - 9383

