



U.S. Department of Transportation

National Highway Traffic Safety Administration

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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

21-JUL-2015

Repository

Reference No.

10735640

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
REX	GA	[REDACTED]	

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

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 2HKYF18543H [REDACTED]	Make HONDA	Model PILOT	Model Year 2003
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) 05-MAY-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 980000 UNKNOWN OR OTHER, 140000 AIR BAGS	Failure Mileage	Failure Speed 35
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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)	<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(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police N
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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).

I WAS INVOLVED IN AN AUTO ACCIDENT. WHEN I CAME TO THE INSIDE OF THE CAR WAS SMOKING. THE AIR BAGS WERE DEPLOYED AND I HAD A THREE INCH BURNED HOLE IN MY LEFT ARM. NOW I HAVE A PERMANENT SCAR BECAUSE OF THE AIRBAG. I HAVE PICTURES, POLICE REPORT AND HOSPITAL REPORTS.

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 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.

Accident Number

Agency NCIC No.

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

County CLAYTON

Date Rec. by DOT

Date 05/05/2015 Day Of Week TUESDAY Time 14:53 Off. Arrived 14:57

Vehicles 3 Injuries 1 Fatalities 0

Inside City Of: Unincorporated

Hit And Run? [] Suppl. To Original? [] Private Property? []

Road of Occurrence CHARLES W. GRANT PKWY

At Its Intersection With

UNIT 1 - DRIVER form containing fields for Last Name, First, Middle, Address, City (STOCKBRIDGE), State (GA), Zip, DOB, Driver's License No., Class (CLASS C), State (GA), Sex (Male), Insurance Co. (NATIONAL UNITY), Policy No., Posted Speed (40), Year (2009), Make (DODGE), Model (CHARGER SE/SXT), Telephone No., VIN (2B3KA43D79H), Vehicle Color (Blue), Tag #, State (GA), County (HENRY), Year (2016), Trailer, Owner's Last Name, First, Middle, Address, City (STOCKBRIDGE), State (GA), Zip, Removed By (NEW IMAGE WRECKER), Alcohol Test (No), Drug Test (No), Driver Cond (Not Drinking), Direction of Travel (W), Vision Obscured (Not Obscured), Contributing Factors (Failed to Yield), Vehicle Cond (No Known Defects), Vehicle Maneuver (Turning Left), Ped Manoeuvor, Most Harmful Event (Motor Vehicle In Motion), Vehicle Class (Privately Owned), Vehicle Type (Passenger Car), Traffic Ctrl (Traffic Signal), Device Inoperative? (No), Injured Taken To, EMS Notified Time, EMS Arrival Time, Hospital Arrival Time, Photos Taken (No), Carrier Name, Vehicle # (1), Address, No. of Axles, G.V.W.R, Fed. Reportable (No), Cargo Body Type, Vehicle Config., I.C.C.M.C. #, U.S. D.O.T. #, Interstate/Intrastate, C.D.L.?, C.D.L. Suspended?, Vehicle Placarded?, Hazardous Materials?, Released?, If YES, Name or 4 Digit Number from Diamond, Ran Off Road, Down Hill Runaway, Cargo Loss or Shift, Separation of Units.

UNIT 2 - DRIVER form containing fields for Last Name, First, Middle, Address, City (REX), State (GA), Zip, DOB, Driver's License No., Class (CLASS C), State (GA), Sex (Female), Insurance Co. (NATIONAL UNITY), Policy No., Posted Speed (40), Year (2003), Make (HONDA), Model (PILOT EX), Telephone No., VIN (2HKY8543H), Vehicle Color (Gray), Tag #, State (GA), County (CLAYTON), Year (2016), Trailer, Owner's Last Name, First, Middle, Address, City (REX), State (GA), Zip, Removed By (NEW IMAGE WRECKER), Alcohol Test (No), Drug Test (No), Driver Cond (Not Drinking), Direction of Travel (E), Vision Obscured (Not Obscured), Contributing Factors (No Contributing Factors), Vehicle Cond (No Known Defects), Vehicle Maneuver (Straight), Ped Manoeuvor, Most Harmful Event (Motor Vehicle In Motion), Vehicle Class (Privately Owned), Vehicle Type (Utility Passenger Vehicle), Traffic Ctrl (Traffic Signal), Device Inoperative? (No), Injured Taken To, EMS Notified Time, EMS Arrival Time, Hospital Arrival Time, Photos Taken (No), Carrier Name, Vehicle # (2), Address, No. of Axles, G.V.W.R, Fed. Reportable (No), Cargo Body Type, Vehicle Config., I.C.C.M.C. #, U.S. D.O.T. #, Interstate/Intrastate, C.D.L.?, C.D.L. Suspended?, Vehicle Placarded?, Hazardous Materials?, Released?, If YES, Name or 4 Digit Number from Diamond, Ran Off Road, Down Hill Runaway, Cargo Loss or Shift, Separation of Units.

UNIT 3 - DRIVER		Last Name	First	Middle
Address				
City ATLANTA		State GA	Zip	DOB
Driver's License No		Class CLASS C	State GA	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Posted Speed 35	Insurance Co. STATE FARM	Policy No.		
Year 2013	Make MASERATI	Model GRANTURISMO	Telephone No.	
VIN ZAM45VLA8D0			Vehicle Color Black	
Tag #	State GA	County FULTON	Year 2016	
Trailer				
<input checked="" type="checkbox"/> Same as Driver	Owner's Last Name		First	Middle
Address				
City ATLANTA		State GA	Zip	
Removed By		<input type="checkbox"/> Request <input type="checkbox"/> List		
Alcohol Test No	Type	Results	Drug Test No	Type Results
Driver Cond Not Drinking	Direction of Travel N		Vision Obscured Not Obscured	Contributing Factors No Contributing Factors
Vehicle Cond No Known Defects	Vehicle Maneuver Straight		Ped Maneuver	
Most Harmful Event Motor Vehicle In Motion - In Other Roadway Traffic Ctrl Traffic Signal		Vehicle Class Privately Owned	Vehicle Type: Passenger Car	
Device Inoperative?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Injured Taken To:			By:	
EMS Notified Time		EMS Arrival Time		
Hospital Arrival Time	Photos Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By:
Commercial Vehicles Only				
Carrier Name				
Vehicle # 3				
Address		City	State	Zip
No. of Axles	G.V.W.R	Fed. Reportable		Cargo Body Type
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/>	
		Intrastate <input type="checkbox"/>		
C.D.L. ?		C.D.L. Suspended?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Placarded ?		Hazardous Materials?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Released ?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, Name or 4 Digit Number from Diamond				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				

Officer Information						
Report By:	Badge #	Department	Report Date	Submitted By	Checked By	Date Checked
PTL. T. LUCAS	12497	CLAYTON CO. POLICE	5/5/2015 5:56:24 PM	PTL. T. LUCAS	Lt. T. Reimers	5/6/2015

Witness					
Witness Name	Address	City	State	Zip Code	Telephone No.
		GRANTVILLE	GA		
		COLUMBUS	GA		

The witnesses ([REDACTED], [REDACTED] and [REDACTED] [REDACTED] both advised that they were in their vehicles in the left turn lane on Charles W. Grant Parkway west bound, to turn onto [REDACTED]. The witnesses were behind vehicle 1. [REDACTED] advised that his vehicle was behind vehicle 1 and that vehicle 1 turned in front of vehicle 2 which was going east bound through the intersection with a green light. [REDACTED] confirmed that vehicle 2 had the right of way.

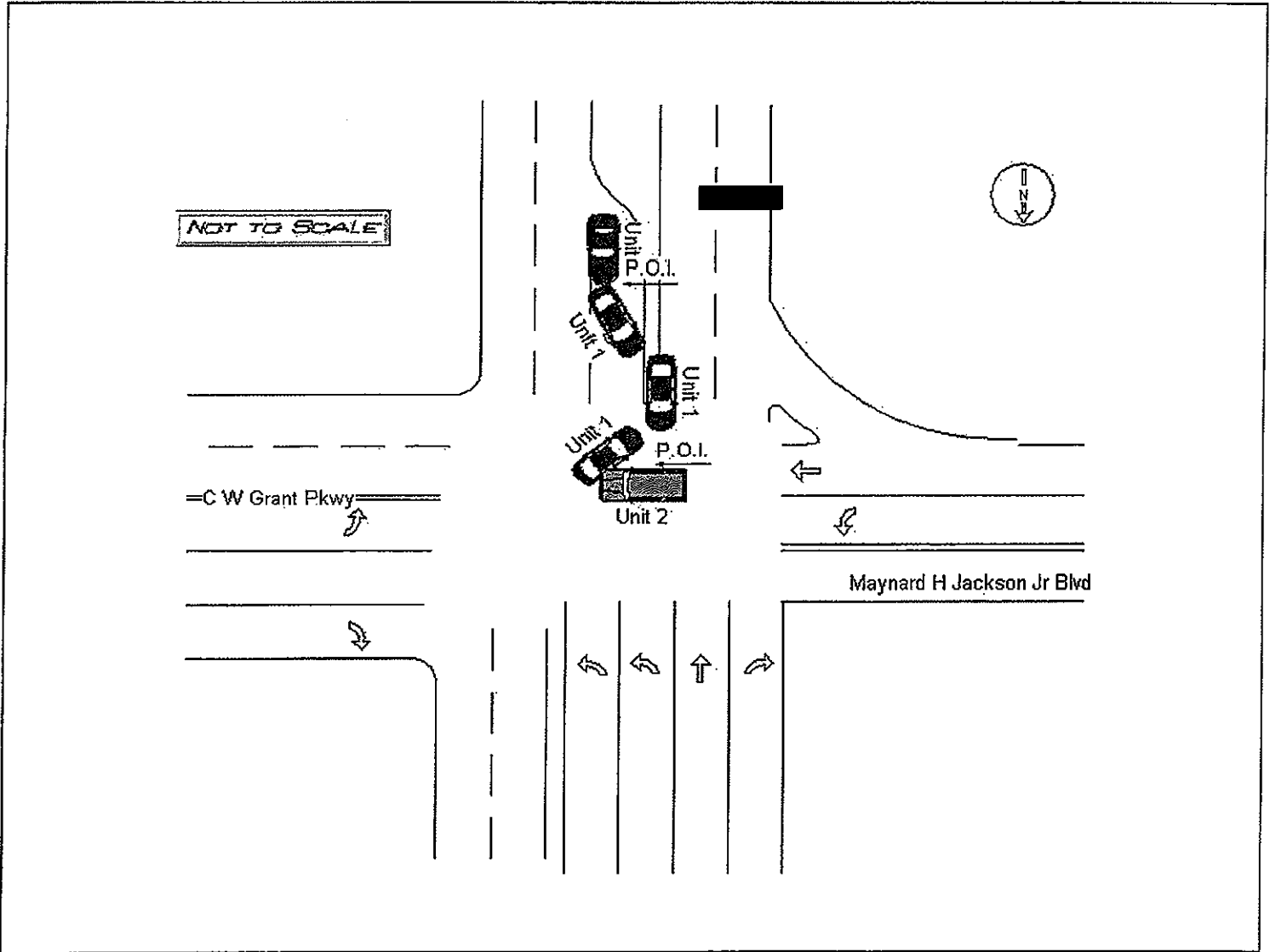
Driver 1 ([REDACTED] [REDACTED]) stated that he thought that he had room and turned, but vehicle 2 was traveling at a high rate of speed.

Driver 2 ([REDACTED] [REDACTED]) advised that she was driving straight when vehicle 1 turned in front of her vehicle, which did not allow her time to stop to avoid a collision. [REDACTED] complained of left arm, leg and side pain. [REDACTED]

[REDACTED] was transported to Southern Regional Hospital by Med. Unit # 4.

Driver 3 ([REDACTED] [REDACTED]) stated that he was in the left turn lane on [REDACTED] when vehicle 1 spun and hit the front of his vehicle.

Vehicle 1 had extensive right side damage, Vehicle 2 had extensive front end damage. Vehicle 3 had slight front end damage. There were skid marks that occurred after the impact, but no skid marks from prior to the collision. Passenger ([REDACTED]) was gone prior to the police arrival, so there is no further information available since he lives in Germany.



Offenses

Unit	Name	Violation
1	[REDACTED]	FTY WHILE TURNING LEFT

Collision Information

First Harmful Event	Traffic Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at area of Impact	Road Comp.	Road Def.	Road Character	Construction / Maintenance Zone
Motor Vehicle In Motion	Two-Way Trafficway with a physical barrier	Clear	Dry	Daylight	Angle	On Roadway	Black Top	No Defects	Straight and Level	None

Vehicle Information

VEH #	Number of Occupants	Point of Initial Contact	Damage To Vehicles	Skid Distance Before Impact	After	Width of Road
1	1	Right Side-Near Rear	Extensive	0	10	80
2	1	Front End	Extensive	0	7	80
3	2	Front End	Slight	0	0	80

Property Damage

None Listed

Involved Persons

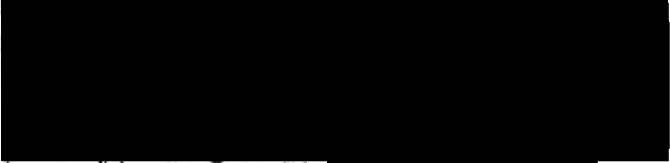
Last Name	First	Address	City	State	Zip	Age	Sex	Vehicle #	Pos	Injury	Taken for treat.	Eject	Safety Equip.	Extric	Air Bag
[REDACTED]	[REDACTED]	[REDACTED]	STOCKBRIDGE	GA	[REDACTED]	[REDACTED]	M	1	Front Seat-Left Side	Not Injured	No	Not Ejected	Lap and Shoulder Belt	No	Deployed Air Bag
[REDACTED]	[REDACTED]	[REDACTED]	REX	GA	[REDACTED]	[REDACTED]	F	2	Front Seat-Left Side	Complaint	Yes	Not Ejected	Lap and Shoulder Belt	No	Deployed Air Bag
[REDACTED]	[REDACTED]	[REDACTED]	ATLANTA	GA	[REDACTED]	[REDACTED]	M	3	Front Seat-Left Side	Not Injured	No	Not Ejected	Lap and Shoulder Belt	No	Non-Deployed Air Bag
[REDACTED]	[REDACTED]	UNKNOWN	DUSSELDORF	[REDACTED]	[REDACTED]	[REDACTED]	M	3	Front Seat-Right Side	Not Injured	No	Not Ejected	Lap and Shoulder Belt	No	Non-Deployed Air Bag

Burn from air bass

Air Bass 1.jpg



To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.



RA, GA



U.S. Department of Transportation
National Hwy. Traffic Safety Admin.
1200 New Jersey Ave S.E.
Washington, DC 20590

Re: Defiant Recall on Airbags.