

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

National Highway Traffic Safety Administration		1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
Date Received		03-MAY-2021		Repository <input type="checkbox"/>	
AUG 12 2021				Reference No. 11414902	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
OWENS CROSS ROADS		AL			
<small>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).</small>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		MAKE		Model	
1HGCR2F3XHA2		HONDA		ACCORD	
Date Purchased		Dealer's Name and Telephone Number		Engine No. Cylinders	
Original Owner <input type="checkbox"/>		Dealer's City		Fuel Type:	
STATE		ZIP Code			
Transmission Type		Powertrain		Multiple Failure:	
<input type="checkbox"/> Antilock Brakes				Incident Date(s)	
<input type="checkbox"/> Cruise Control				24-FEB-2021	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Components Codes: 100000 POWER TRAIN, 180000 VEHICLE SPEED CONTROL				Failure Mileage	
				5517.0	
Failure Speed					
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 DOTMAL 9ABC036)		<input type="checkbox"/> Original Requirement <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					
<small>(Please describe in detail the incident(s), failure(s), crash(es), injury(ies).)</small>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured	
				Number of Deaths	
				Reported to Police	
				N	
Narrative Description of Incident(s), Crash(es), 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).					
<p>TL* THE CONTACT OWNS A 2017 HONDA ACCORD. THE CONTACT STATED WHILE HER MOTHER WAS DRIVING AT LOW SPEEDS, THE VEHICLE ACCELERATED WITHOUT WARNING. IT WAS UNKNOWN IF ANY WARNING LIGHTS WERE ILLUMINATED. THE VEHICLE WAS TOWED TO EL PASO HONDA LOCATED AT 1490 LEE TREVINO DR, EL PASO, TX 79936 (915) 591-6100 WHERE THEY WERE UNABLE TO DETERMINE THE FAILURE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE CONTACT STATED WHILE DRIVING AT LOW SPEEDS THE VEHICLE ACCELERATED, JUMPED THE CURB AND CRASHED INTO A TREE. THE AIR BAGS FAILED TO DEPLOY. THERE WAS NO REPORTED FIRE. THE POLICE REPORT HAD NOT BEEN FINALIZED. THE DRIVER WAS PROVIDED MEDICAL ATTENTION HOWEVER SUCCUMBED TO HER INJURIES. A WITNESS INFORMED THE POLICE THAT THE DRIVER WAS SPEEDING. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 5,517.</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				ATTACH ADDITIONAL SHEETS IF NECESSARY	
<small>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.</small>					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Please attached
1. service Report
2. Police Report
3. Narrative
4. Map

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Classification (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 1 Total Num. Prans: 1 TxDOT Crash ID: [Redacted]



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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.)

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 04/01/2021 *Crash Time (24HRMM) 0922 Case ID [Redacted] Local Use PHRC/74

*County Name [Redacted] *City Name EL PASO Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) Longitude (decimal degrees)

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. LR *Hwy. Num. 2 Rdwy. Part 1 Block Num. 10100 3 Street Prefix *Street Name LOCKERBIE 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 35 Const. Zone No Workers Present No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 3 Street Prefix Street Name ORKNEY 4 Street Suffix

Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. RRX Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. [Redacted] VIN 1HGCRCR2F3XHA [Redacted]

Veh. Year 2017 6. Veh. Color MAR Veh. Make HONDA Veh. Model ACCORD 7 Body Style p4 Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. [Redacted] 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) [Redacted]

Address (Street, City, State, ZIP) [Redacted] EL PASO, TX [Redacted]

VEHICLE, DRIVER, & PERSONS

Name: Last, First, Middle
Enter Driver or Primary Person for this Unit on first line

Person Num.	12 Psn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	R	[Redacted]	H	M	1	99	1	97	N	96		96	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																

Owner Lessee Owner/Lessee Name & Address [Redacted] EL PASO, TX [Redacted]

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM MUTUAL AUTOMOBILE INS. CO. Fin. Resp. Num. [Redacted]

Fin. Resp. Phone Num. [Redacted] 27 Vehicle Damage Rating 1 1 2 - 3 27 Vehicle Damage Rating 2 - - - Vehicle Inventoried Yes No

Towed By 3H Towed To 11615 RAILROAD

Unit Num. 5 Unit Desc. Parked Vehicle Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

VEHICLE, DRIVER, & PERSONS

Name: Last, First, Middle
Enter Driver or Primary Person for this Unit on first line

Person Num.	12 Psn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																

Owner Lessee Owner/Lessee Name & Address

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - - 27 Vehicle Damage Rating 2 - - - Vehicle Inventoried Yes No

Towed By Towed To

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	Del Sol Medical Center	Fire Medical Services	[REDACTED]

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

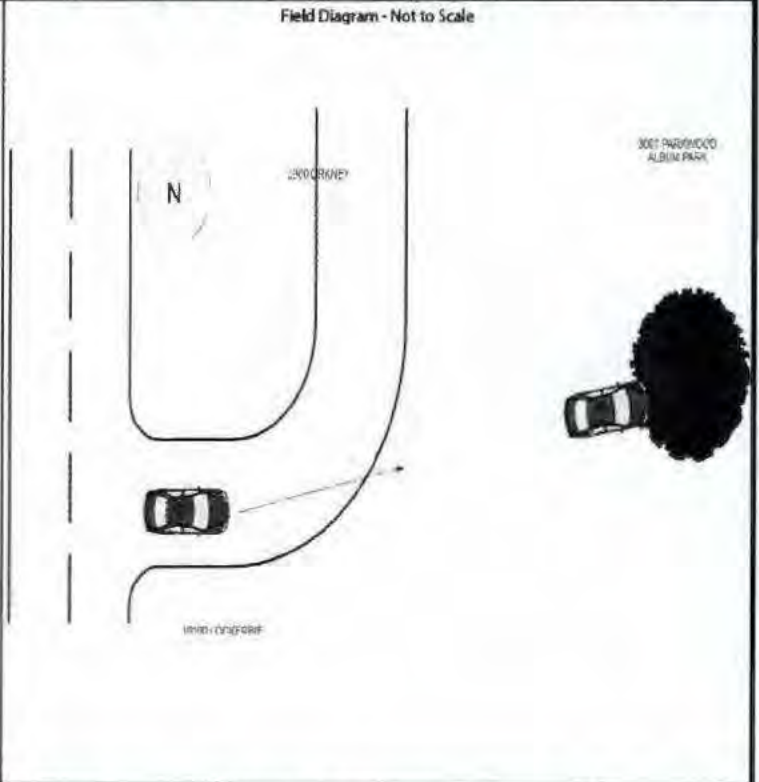
Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	28 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.		30 Veh. Type				
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

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	98							8	1	98	1	4	1	3

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

10100 Lockerbie is a one lane two way roadway traveling east and west bound. 2900 Orkney is a one lane two way roadway traveling north and south bound. Unit #1 was traveling east bound on Lockerbie and traveled off the roadway onto 3001 Parkwood Album park. Unit #1 then struck a large tree. Several witnesses were located at the scene. Witness 1: [REDACTED]
Witness 2: [REDACTED] Witness 3: [REDACTED]
Witness 4: [REDACTED]



Time Notified (24HR:MM)	0 9 2 8	How Notified/Dispatched	Time Arrived (24HRMM)	0 9 3 2	Report Date (MM/DD/YYYY)	04/01/2021	
Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Alegre, A		ID Num.	2616		
ORI Num.	TX 071102000		*Agency	EL PASO POLICE DEPARTMENT		Service/Region/DA	P H



1490 Lee Trevino • El Paso, TX 79936
 Phone: 915-591-6100 • Fax: 915-591-1166



SO # [REDACTED]

SERVICE ORDER
CUSTOMER COPY - REPRINT

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Customer No [REDACTED]
 [REDACTED]
 EL PASO, TX [REDACTED]
 Home [REDACTED] Bus [REDACTED]
 Cell [REDACTED] Today [REDACTED]
 Email [REDACTED]
 Term MCard

Advisor ROBERT DOMINGUEZ
 Shop S1
 Priority
 Promised 02/24/2021 6:00 PM Tag 3880
 Opened 02/24/2021 2:00 PM Location
 Cashiered 03/01/2021 2:56 PM PO #

License No Odometer In Odometer Out InServ Date Stock No
 5517 5547
 Year Make Model Model No Color
 2017 HONDA ACCORSEDAN RA IV
 Vehicle ID No Selling Dealer Extended Warranty Delivery Date
 1HGCR2F3XHAZ FIRST EXTENDED
 Engine Size Fleet #

Request	Description	Job	CSR	Status
101001	EXPRESS MPVI	1	RD710	Original

Labor	Description	Type	Amount
101001	EXPRESS MPVI	C	0.00

Technician	JB726 -	Parts Total	0.00
Cause	MULTI POINT INSPECTION	Labor Total	0.00
Correction	RECOMMENDATIONS FOR NEXT VISIT: TRANSMISSION SERVICE \$159, BRAKE FLUSH \$140	Request Total	0.00

Request	Description	Job	CSR	Status
MISC	MISC	2	RD710	Original

Labor	Description	Type	Amount
MISC	MISC	C	0.00

Part	Description	Req	Bin	Type	Price	Amount
31500-SR1-100M	BAT (51R/500AMP85)	1	BATTERY	CRO	105.24	105.24
CORE CHARGE	CORE CHARGE 31500-SR1-100M	1		CRO	16.00	16.00
C-31500-SR1-100M	CORE RETURN	-1	CORE	CRO	16.00	-16.00

Technician	JB726 -	Parts Total	105.24
Correction	REPLACED BATTERY 3 YEAR WARRANTY 100% OR 100 MONTH PRORATED FROM THE 37TH MONTH UPTO 100.	Labor Total	0.00
		Request Total	105.24

Request	Description	Job	CSR	Status
MISC	TOWED IN VEHICLE STALLS WHEN DRIVING DIAG \$129.95	3	RD710	Original

Labor	Description	Type	Amount
MISC	TOWED IN DIAG \$129.95	C	0.00

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE. I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other caused beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanics lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

DISCLAIMER OF WARRANTIES: Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

SERVICE DEPARTMENT HOURS
 7:00 a.m. to 6:00 p.m. Mon-Fri
 7:00 a.m. to 1:00 p.m. Saturday

Customer Signature: _____

Date: _____

Thank You!



1490 Lee Trevino • El Paso, TX 79936
 Phone: 915-591-6100 • Fax: 915-591-1166



HONDA

SO # [REDACTED]

SERVICE ORDER

CUSTOMER COPY - REPRINT

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User FD847 Page 2

Customer No [REDACTED]
 [REDACTED]
 EL PASO, TX [REDACTED]
 Home [REDACTED] Bus [REDACTED]
 Cell [REDACTED] Today [REDACTED]
 Email [REDACTED]
 Term MCard

Advisor	RVDEN1 DOMINGUEZ	Promised	02/24/2021 6:00 PM	Tag	3880
Shop	S1	Opened	02/24/2021 2:00 PM	Location	
Priority		Cashiered	03/01/2021 2:56 PM	PO #	

License No	Odometer In	Odometer Out	InServ Date	Stock No
	5517	5547		[REDACTED]
Year	Make	Model	Model No	Color
2017	HONDA	ACCORDSEDAN		RA IV
Vehicle ID No	Selling Dealer	Extended Warranty	Delivery Date	
1HGCR2F3XH [REDACTED]		FIRST EXTENDED		
Engine Size		Fleet #		

Technician	JB726 -	Parts Total	0.00
Correction	COULD NOT DUPLICATE CUSTOMERS CONCERN AT THIS TIME. VEHICLE DRIVEN 30 MILES	Labor Total	0.00
		Request Total	0.00
		Labor	0.00
		Parts	105.24
		Supplies	0.00
		SUB-TOTAL	105.24
		Tax	8.68
		TOTAL INVOICE	113.92

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE. I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other caused beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanics lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

DISCLAIMER OF WARRANTIES: Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

SERVICE DEPARTMENT HOURS

7:00 a.m. to 6:00 p.m. Mon-Fri
 7:00 a.m. to 1:00 p.m. Saturday

Customer Signature: _____ Date: _____

Thank You!

My mom, [REDACTED], died in a single car accident on April 1, 2021 at 9:22 am.

In the recent weeks leading up to the accident my mom complained to me that she felt there was something wrong with her car. On 3 different occasions she stated that her car suddenly accelerated while she was driving down residential streets. After the last occurrence she told me that she was very scared to drive her car. She felt

that it was going to cause her to get into an accident. She called the service department at El Paso Honda to voice her concerns. She told the service department that she was too scared to drive her car in. They sent a tow truck to her house and had her car towed to the dealership on 2/24/2021. On 3/1/2021 an employee from El Paso Honda delivered her car back to her house. The dealership could not find

any problems with her car. They assured that there was nothing wrong with her car. Exactly 1 month later my mom died in a single car accident. April 1st was a clear sunny day.

My mom left her house that morning and never returned. She pulled out of her driveway and drove to the end of her street, stopped at the stop sign and made a left turn.

She then stopped at another stop sign and proceeded

to cross a busy intersection. She continued straight down a residential street, blew through a stop sign, jumped a curb, and finally crashed into a tree. The accident happened less than 1 mile from her home. My mom is a very cautious driver. She doesn't speed and she would NEVER intentionally run through a stop sign. My mom has lived at her home for over 38 years. She is very familiar with the roads in her neighborhood.

She has driven this route thousands of times. The police could not determine a cause for the accident. I'm not a mechanic, but I know in my heart, that her accident was caused by some sort of vehicle failure. I believe her vehicle accelerated and for whatever reason she was not able to slow down or stop. She hit the tree at a high rate of speed and her air bag did NOT deploy. My hope is that someone

will investigate this matter
so that nobody else will
meet the same fate.

Thank you for your
attention to this matter.

Respectfully,

[REDACTED]

[REDACTED]

Owens Cross Roads, AL [REDACTED]

[REDACTED]

tree (accident site)



Orkney



wedge wood

Q stop sign

residential street

McRae

(Busy Street)



Q stop sign

Lockerbie Ave

Q stop sign

