



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 100145

Date Received

Repository ☐

Reference No.
10009681

2003 MAR 20 - MAR 21 2003 54

OWNER INFORMATION (Type or Print)

Name

Address

City PASADENA

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact you or your vehicle?
In the absence of a signature, please print your name and address to the vehicle manufacturer.
Signature of Owner

☒ YES ☐ NO

Date 23/19/03

VEHICLE INFORMATION

If orig. vehicle identification number located at bottom of windshield on driver's side

PLEASE FILL IN 19UUA56603A002130

Make

ACURA

Model

3.2CL

Model Year

2003

Date Purchased

02-28-2002

Dealer's Name and Telephone Number

626-792-7979 ACURA OF PASADENA (800) 455-1666

Engine:

No: Cylinders SIX

Fuel Type:

UNLEADED

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

5-SPEED

☒ Antilock Brakes

☒ Cruise Control

Powertrain

6 CYLINDER

5-SPEED AUTO.

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: EVERY DAY I DRIVE

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

03-MAR-2003

02-28-02

Failure Mileage

07

Failure Speed

10-25-30

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

☐ 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

Number of Deaths

Reported to Police

N

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).

THE VEHICLE'S TRANSMISSION SLIPS EVERY TIME I DRIVE THE CAR.

SLIPS EVERY TIME I DRIVE THE CAR.

THE CAR SPRINGS FORWARD AS I AM ABOUT TO COME TO A STOP & WHEN I AM GOING DOWN A HILL. I WAS LEFT CAR WITH DEALER ON 04-29-02 & 08-07-02. I WAS TOLD THAT EVENTUALLY IS OK. CONTINUED ON BACK SIDE

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.

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

CONTINUED FROM OTHER SIDE. ON 01-23-03 HAD MEETING
WITH SEAVILLE & PARTS DIRECTOR JOHN LADOUCEUR
JOHN SAID THAT I WILL HAVE TO MAKE ANOTHER
APPOINTMENT TO CHECK TRANSMISSION.

I FEEL THAT I AM GETTING THE RUN-AROUND.



ATTACH ADDITIONAL SHEETS IF NECESSARY

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of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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