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

2003 MAR 28 AM 11:54

FOR AGENCY USE ONLY 10014S	
Date Received	Repository ☐
	Reference No. 10009681

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number SAME	
City PASADENA	State CA	Zip Code [redacted]	

Do you authorize NHTSA to release your name and address to the vehicle manufacturer, in the absence of a request for confidentiality? ☒ YES ☐ NO

Signature of Owner [redacted] Date 3/19/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
PLEASE FILL IN 19UUA56603A002130	ACURA	3.2CL	2003

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
02-28-2002	ACURA OF PASADENA 626-792-7979 (800) [illegible]		No: Cylinders SIX	UNLEADED
Original Owner ☐	Dealer's City	State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC 5-SPEED	☒ Antilock Brakes ☒ Cruise Control	6 CYLINDER 5-SPEED AUTO.	103000 POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure: EVERY DAY I DRIVE

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~03-MAR-2003~~ 02-28-02	~~[illegible]~~ 07	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: DOTMALSABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 ~~SLIPPED~~ *JB 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 & 05-07-02. I WAS TOLD THAT EVERYTHING IS OK. CONTINUED ON BACK SIDE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

CONTINUED FROM OTHER SIDE. ON 01-23-03 HAD MEETING WITH SERVICE & 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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

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