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 JUN -9 AM 11:48

FOR AGENCY USE ONLY 1374	
Date Received 07-MAY-2003	Repository ☐
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OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address SAME AS
Address [redacted]			
City ELMIRA	State NY	Zip Code [redacted]	Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA will provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 5/7/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
JH4KB1823[redacted]	ACURA	MDX	2001

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
5/01	CREST ACURA 315 422 4781		6	GAS
Original Owner	**Dealer's City**	**State / Zip Code**		
☒ YES	SYRACUSE	NY 13204		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☐ Antilock Brakes ☒ Cruise Control		190000 TIRES Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
4/11/03	28719	55	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
FIRESTONE GOODYEAR	FIRESTONE GOODYEAR	235 45 R17

DOT No. (Example: DOTMAL9ABC036)		Failure Location: PASSENGER SIDE FRONT
	☒ Original Equipment ☐ Prior Repair	

Tire Component Code	Tire Failure Type
190000 TIRES	BLOWOUT

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	N	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 FRONT RIGHT TIRE BLEW OUT. *NLM

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.