



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 1375

Date Received
7/13/03
16-JUL-2003 11 AM
Repository
Reference No.
10024121

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City DENVER State NJ Zip Code _____

Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

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, you may provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/26/03

VEHICLE INFORMATION

17. ~~Make~~ Vehicle Identification Number Located at bottom of windshield on driver's side
19UUA5693A026243 Make ACURA Model 3.2TL-3 TYPE Model Year 2003
Date Purchased 7/9/02 Dealer's Name and Telephone Number ACURA OF DENVER 973-361-2626 Engine: No. Cylinders 6 Fuel Type: PREMIUM
Original Owner Dealer's City DENVER, N.J. 07834 State N.J. Zip Code 07834
Transmission Type AUT Anti-lock Brakes Cruise Control Powertrain 24 VALVE, SOHC, VTEC Vehicle Component Code 021600 SUSPENSION: FRONT: WHEEL BEARING Multiple Failures: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s) 6/8/03 Failure Mileage 10,700 Failure Speed 60 MPH

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

Name: _____ 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).

WHILE DRIVING HEARD A "WHIRRING" NOISE AND ASSUMED IT WAS ROAD NOISE. TOOK VEHICLE TO DEALER, WHO DIAGNOSED THAT WHEEL BEARINGS HAD FAILED.*AK

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**