

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
 TO REPORT VEHICLE SAFETY DEFECTS
 1-888-DASH-2-DOT
 (1-888-327-4238)
 INTERNET: www.nhtsa.dot.gov/hotline

U.S. Department of Transportation
 National Highway Traffic Safety Administration

FOR AGENCY USE ONLY

Date Received: **10038385**
RECEIVED
 2003 SEP -8 PM 12:40
 2003 SEP -3 P 4:10

Od. or _____
 r. Lt. _____
 od. Jr. _____
 up. Jr. _____

Reference No. _____

OWNER INFORMATION (Type or Print)

Name: _____
 Street No: _____ Apt. No. _____
 City: **BRIDGEWATER** State: **NJ** Zip Code: _____
 Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of your signature, please print your name or address to the vehicle manufacturer.
 Signature of Owner: _____ Date: **9, 29, 03**

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits): **1900A56693AD596R4** Make: **ACURA** Model: **3.2 TL** Year: **2003**
 Purchased Date: **FEB '03** Dealer's Name: **BILL VINCE'S BRIDGEWATER ACURA** Engine Size (CID/CCA): **3.2L** Turbo Diesel Gas Fuel Injection
 New Used Dealer's City: **BRIDGEWATER** State: **NJ** Zip Code: **08807** No. Cylinders: **4**
 Manufacture Date (on driver's door or plate): **JAN '03** Transmission Type: Manual Automatic Restraint System: Overhead Air Bag No. Belt Passenger Side Air Bag 2-Point Belt 3-Point Belt Cruise Control: Yes No Drivetrain: Front Rear 4-Wheel Vehicle Type: Car Sport Utility Van Truck Minivan Motorcycle Other Body Style: 2-Door 4-Door Station Wagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): _____ Location: Left Right Front Rear Failed Part(s): Original Replacement Handicap Adaptive Equip: Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: _____ Tire Name: _____ Complete Tire Size: _____
 No. of Failures: _____ Date(s) of Failure(s): _____ Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____
 Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash: Yes No Fire: Yes No Number of Persons Injured: _____ Number of Fatalities: _____ Reported to Manufacturer: Yes No **TO DEALERS - YES, WITH REQUEST TO INVOLVE MANUFACTURER**

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):
LOW BEAM AIMED TOO LOW, FAILING TO PROVIDE ILLUMINATION AHEAD AT A DISTANCE ILLUMINATED BY MY PRIOR VEHICLES AND OTHER CONTEMPORARY VEHICLES. HIGH BEAMS CAUSE REFLECTIONS HIGH UP ON VERTICAL OBJECTS AT THE SIDES OF THE ROAD, E.G. TREE TOPS. SUCH UPWARD VERTICAL REFLECTIONS WHEN PASSING VERTICAL OBJECTS AT ROADSIDE RESULT IN FLASHES OF LIGHT THAT ARE VERY DISTRACTING. DEALER STATES THIS IS THE WAY THE LIGHTS WERE DESIGNED AND PROBLEM CANNOT BE CORRECTED.

Continue on back.

The Privacy Act of 1974 - Public Law 93-502 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.