Form Approved: O.M.B. No. 2127-0008

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 100192

Date Received	Repository
2004 FEB 26 AM 9:50 07-JAN-2004	
	Reference No. 10053641

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City YORBA LINDA	State CA	Zip Code [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 [redacted] ur name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 02/07/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
19UUA56872[redacted]	ACURA	3.2TL	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
06/2001	SANTA MONICA ACURA		UNLEADED
Original Owner ☒	Dealer's City: SANTA MONICA	State: CA	Zip Code: 90404

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	034530 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
09/02 & 03/03 01/04	17000 31000/40000	from 40 MPH To 10 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: DOTMALBABC036)	☐ 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).

CONSUMER COMPLAINED ABOUT A BRAKE PROBLEM. DEFECTIVE ROTORS ARE CAUSING THE STEERING WHEEL TO SHIMMY.^AK

CONSUMER HAS RESURFACED ROTORS ON NUMEROUS OCCASIONS TO AVOID LOSS OF VEHICLE CONTROL OR ACCIDENT, AND, ON THE ADVICE OF ACURA MFG AND DEALERSHIP. THE PROBLEM PERSISTS. ACURA MFG AND DEALERSHIP ARE AWARE OF DEFECT BUT DO NOT OFFER PERMANENT REPAIR SOLUTION OR ADDITIONAL ASSISTANCE.

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