



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 120

Date Received

2004 JUN
24-FEB-2004

Repository

Reference No.
10059730

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name

Address

City

State

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 an authorized dealer, NHTSA will NOT include your name or address to the vehicle manufacturer.

Signature of Owner

Date 5/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

JH4KA9658

Make

ACURA

Model

3.5RL

Model Year

2000

Date Purchased

12-31-2000

Dealer's Name and Telephone Number

COUNTY FINE ACURA 954-986-2404

Engine: V-6

No: Cylinders

Fuel Type:

PREMIUM
GASOLINE

Original Owner

Dealer's City

HOLLYWOOD

State

FLA

Zip Code

33023

Transmission Type

Automatic

Manual

Powertrain

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

24-FEB-2004

Failure Mileage

0

Failure Speed

60

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: DOTM1A8ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

3

Number of Deaths

0

Reported to Police

Y

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 SITTING AT A STOP LIGHT VEHICLE SUDDENLY ACCELERATED, CAUSING A THREE CAR COLLISION. CONSUMER HAD FOOT ON THE BRAKES, AND VEHICLE REVVED UP TO 80-70 MPH. VEHICLE WAS TOWED TO THE DEALER, WHO TOLD CONSUMER THAT SOME KIND OF PIN GOT STUCK, CAUSING THE VEHICLE TO ACCELERATE TO 1000 RPM'S. WHEN CONSUMER TOOK VEHICLE TO DEALER FOR REGULAR MAINTENANCE, AND TOLD THE MECHANIC ABOUT CERTAIN PROBLEMS/CONCERNS. THEY PUT THE VEHICLE ON THE DIAGNOSTIC MACHINE, BUT NOTHING WAS FOUND TO BE WRONG. *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.

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

While waiting in traffic @ traffic light. Car suddenly accelerated hitting SW
in front of vehicle which in turn struck into vehicle in front of SW. After
continued to accelerate, out of control at high rate of speed until sh. had
gas to "park" before stopping. Car was towed to reputable independent repair
shop. whose asst. Manager stated that "throttle cable, became stuck in
accident after crash but not sure what happened before impact".
On three previous occasions car shut off in stop and go traffic, also,
SRS light flashed intermittently in dash board. Problems were reported to
Subsaler @ Countylime dealer, who stated that "Computer did not
reflect any problems". Nothing was done. I suffered a fractured
sternum and substantial hematoma after two drivers suffered back
injuries.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20580

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL, HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20580



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.dot.gov/odiv

LAW ENFORCEMENT SHORT FORM REPORT
DRIVER REPORT OF TRAFFIC CRASH
DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

DATE OF CRASH #2 12/19/01	TIME OF CRASH 5:40 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TIME OFFICER NOTIFIED 552 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	TIME OFFICER ADVISED 557 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	INVEST. AGENCY REPORT NUMBER T1164-02-2280	HEAVY CRASH REPORT NUMBER 04867456
AT NODE NO.	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 3	1. DIVIDED 2. UNDIVIDED	
AT THE INTERSECTION OF NW 31st Avenue			FROM INTERSECTION OF W. Commercial Blvd.		
YEAR 01	MAKE (inc. ford, etc.) ACR	TYPE (car, truck, bicycle, etc.) CAR	VEH. LICENSE NUMBER	STATE FL	VEHICLE IDENTIFICATION NUMBER 5L4KA9L58Y
Check Areas of Vehicle Damage Front <input checked="" type="checkbox"/> R / Rear <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear <input type="checkbox"/>	EST. VEHICLE DAMAGE 700.00		VEHICLE REMOVED BY: WESTWAY		1. Tow Station List <input type="checkbox"/> 3. Driver <input type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/>
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) STATE FARM					
NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>			CURRENT ADDRESS (Number and Street)		
NAME OF DRIVER (Only For Driver License & Address)			CURRENT ADDRESS (Number and Street)		
STATE FL	TYPE E	DRIVER / PEDESTRIAN HOME PHONE Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE Area Code	RACE B	SEX F
NAME OF PASSENGER			DATE OF BIRTH 12/03/51		
CURRENT ADDRESS (Number and Street)			CITY AND STATE Gainesville, FL		
CITY AND STATE			ZIP CODE		
YEAR 96	MAKE (inc. ford, etc.) FORD	TYPE (car, truck, bicycle, etc.) SUV	VEH. LICENSE NUMBER	STATE FL	VEHICLE IDENTIFICATION NUMBER 1FMDU32P6T1
Check Areas of Vehicle Damage Front <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input checked="" type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear <input type="checkbox"/>	EST. VEHICLE DAMAGE 500.00		VEHICLE REMOVED BY: DRIVER		1. Tow Station List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/>
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) MARQUEE INSURANCE					
NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>			CURRENT ADDRESS (Number and Street)		
NAME OF DRIVER (Only For Driver License & Address)			CURRENT ADDRESS (Number and Street)		
STATE FL	TYPE E	DRIVER / PEDESTRIAN HOME PHONE Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE Area Code	RACE B	SEX M
NAME OF PASSENGER			DATE OF BIRTH 02/18/74		
CURRENT ADDRESS (Number and Street)			CITY AND STATE Eg. Land O Lakes, FL		
CITY AND STATE			ZIP CODE		
YEAR 01	MAKE (inc. ford, etc.) DODGE	TYPE (car, truck, bicycle, etc.) CAR	VEH. LICENSE NUMBER	STATE FL	VEHICLE IDENTIFICATION NUMBER 1B3ES46C916
Check Areas of Vehicle Damage Front <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input checked="" type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear <input type="checkbox"/>	EST. VEHICLE DAMAGE 500.00		VEHICLE REMOVED BY: DRIVER		1. Tow Station List <input type="checkbox"/> 3. Driver <input checked="" type="checkbox"/> 2. Tow Owner's Request <input type="checkbox"/> 4. Other <input type="checkbox"/>
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) TECHNICAL NATIONAL					
NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>			CURRENT ADDRESS (Number and Street)		
NAME OF DRIVER (Only For Driver License & Address)			CURRENT ADDRESS (Number and Street)		
STATE FL	TYPE E	DRIVER / PEDESTRIAN HOME PHONE Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE Area Code	RACE B	SEX F
NAME OF PASSENGER			DATE OF BIRTH 09/15/42		
CURRENT ADDRESS (Number and Street)			CITY AND STATE Landerdale, IL		
CITY AND STATE			ZIP CODE		
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER	
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER	
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER	
#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY STATE ZIP
WITNESS NAME (I)		CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (II)
CURRENT ADDRESS		CITY & STATE	ZIP CODE	CURRENT ADDRESS	CITY & STATE
WITNESS NAME (I)		CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (II)
CURRENT ADDRESS		CITY & STATE	ZIP CODE	CURRENT ADDRESS	CITY & STATE
INVESTIGATOR - NAME & SIGNATURE		CHARGE NUMBER	DEPARTMENT	PMP <input type="checkbox"/> SO <input checked="" type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/>	
INVESTIGATOR - NAME & SIGNATURE		CHARGE NUMBER	DEPARTMENT	PMP <input type="checkbox"/> SO <input checked="" type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/>	