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 100145

Date Received	Repository
21-APR-2004 2004 APR -4	
	Reference No. [redacted]

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City DOUBLE OAK	State TX	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
19UYA42621[redacted]	ACURA	CL TYPE S	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
SEP 2000	AUTOFLEX/VANBERG (FT. ARLINGTON)	6	GAS

Original Owner	Dealer's City	State	Zip Code
☒	DALLAS, TX	TX	

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☑ Cruise Control		103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-APR-2004	53000	VARIED	

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: DOTMALSABC036)	☐ 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	0	0	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).

TRANSMISSION FAILED PREMATURELY. THE PART HAD BEEN REPLACED THREE TIMES. HOWEVER, THE PROBLEM RECURRED. *AK

TRANSMISSION HAD SLIPPING & DELAYED SHIFTS AND SHUDDERED. DOWNSHIFTS WERE SOMETIMES VERY HARSH & RUBBER BAND SNAP' LIKE. ON AT LEAST 2 OCCASIONS WHEN DOWNSHIFTING TO PASS ON THE HIGHWAY IT WAS LIKE THE TRANSMISSION WENT 'DEAD' FOR AN INSTANT, CAME TO LIFE & THAN SHIFTED. THIS CREATED SOME "SCARY" MOMENTS ON THE H-WY!

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