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 100222

Date Received	Repository ☐
21-JUL-2004 2004 AUG 20 PM 2:57	Reference No. 10083417

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted] netscape.net
City SILVER SPRING	State MD	Zip Code [redacted]	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 a [redacted] *to the vehicle manufacturer.*
Signature of Owner [redacted] Date 7/29/2004

VEHICLE INFORMATION

17 dig/lt Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2HNYD18432H[redacted]	ACURA	MDX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
19 FEB 02	RSENTHAL ACCURA 301-840-9333			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City GAITHERSBURG	State MD	Zip Code 20879		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
14-JUL-2004	81400	~20 MPH - 2ND SPEED HIGHER AFTER THAT ~30 MPH RANGE.

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: DOTMALSABC035)	☐ 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).

THE TRANSMISSION SLIPS UPON ACCELERATION, WHEN SHIFTING, IT SNAPS. THE VEHICLE WAS TAKEN TO THE DEALER STATED THE FAILURE MODE IS NOT CONSISTENT AND NOT RELATED TO THE RECALL. THE RECALL DATE IS APRIL 13, 2004. *LA

DEALER DIAGNOSIS SHOWS FAILURE OF 3RD, 4TH, AND REVERSE GEARS. ALTHOUGH DEALER IS REPAIRING UNDER THE PROVISIONS OF THE EXTENDED WARRANTY, IT IS MY BELIEF THAT THE CAUSE OF THE FAILURE IS RELATED TO THE MOTIVATION FOR THE RECALL. THE RECALL SHOULD EXTEND TO THE ENTIRE TRANSMISSION AND ALL FAILURE MODALITIES. (THE CURRENT RECALL IS LIMITED TO 2ND GEAR FAILURE DUE TO POOR CIRCULATIONS OF TRANSMISSION FLUID). ALSO, ALL MAINTANCE EXCEEDED MANUFACTURER'S RECOMMENDATIONS.

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