



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 252

Date Received

2004 NOV -1
01-OCT-2004

Repository

Reference No.

10094903

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MONROE State: NC Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized address to the vehicle manufacturer. YES NO
Signature of Owner: [REDACTED] Date: 10/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 19UYA424XIA [REDACTED]
Make: ACURA Model: 3.2CL Model Year: 2001
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: PRIVATE PARTY
Original Owner: Dealer's City: LOS ANGELES State: CA Zip Code: 6
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-OCT-2004 Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 0 Number of Deaths: 0 Reported to Police: 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).

CONSUMRT RECEIVED RECALL NOTICE FOR AUTOMATIC TRANSMISSION SECOND GEAR. CONSUMER INFORMED THE MECHANIC THAT THE PROBLEM RECURRENT, AND HAD NOT BEEN RESOLVED. *AK

AFTER RECALL CAR NOT RESTORED TO ORIGINAL CONDITION, SLUGGISH IN SHIFTING GEARS AND PERFORMANCE NOT THE SAME.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

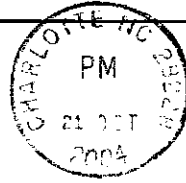
ATTACH ADDITIONAL SHEETS IF NECESSARY

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)

Recall changed performance of car
slow to shift

ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. 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 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

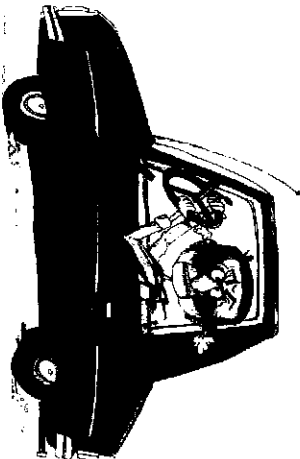
DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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