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 1357

Date Received	Repository ☐
26-OCT-2004 2004 NOV 17 AM 8:50	Reference No. 10097695

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City GLENDALE | State CA | Zip Code [redacted]

Daytime Telephone Number | E-mail Address [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 [redacted] Date 10/26/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2HNYD18291H [redacted]	ACURA	MDX	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
3/04	Lexus of Valencia, California		
Original Owner ☐	Dealer's City: Valencia / State: CA / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control		222000 SEATS:MID/REAR ASSEMBLY
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~25-OCT-2004~~ 22 OCT 04	57,870	N/A (parked)	

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	1		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).

COMPLAINT RECEIVED VIA E-MAIL. I WOULD LIKE TO DOCUMENT WHAT I BELIEVE IS A SAFETY HAZARD IN MY VEHICLE. THE SECOND ROW OF PASSENGER SEATS IS SPLIT WHEREBY THE END SEAT FOLDS DOWN AND SLIDES FORWARD FOR ENTRY TO THE REAR ROW OF SEATS. WE HAVE A SIX MONTH OLD BABY WHO RIDES IN A CAR SEAT WHICH IS ATTACHED TO THE CENTER OF THE SECOND ROW OF SEATS. SHE RIDES IN THE CAR SEAT FACING REAR, AND SHE CAN STICK HER ARMS OUT ON EITHER SIDE. WHEN WENT TO EXIT THE VEHICLE, OUR OLDER SON SLID THE SECOND SEAT FORWARD, AND IT HIT HER OUT STRETCHED ARM, BENDING IT BACKWARDS. SHE SCREAMED AND WE IMMEDIATELY REMOVED HER FROM THE SEAT. SHE APPEARED TO BE FINE, BUT I AM CONCERNED FOR THE FUTURE. THERE WOULD BE NO DANGER TO A PASSENGER FACING FORWARD BECAUSE THE WORSE THING THAT COULD HAPPEN IS THE RIGHT ARM WOULD BE BUMPED FORWARD. HOWEVER, WITH A REAR FACING BABY, ANY IMPACT FROM THE FORWARD SLIDING SEAT, CAN CAUSE THE ARM TO BEND BACKWARD AND BREAK.*AK

By: [redacted]

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