



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 1220

Date Received

2005 FEB 18  
12-JAN-2005

Repository ☐

1-30  
Reference No.  
10107235

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City BOCA RATON State FL Zip Code [REDACTED]  
Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]  
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 authorized signature, please print your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 2/9/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side  
JH 4CL 9682 C [REDACTED]  
Make ACURA Model NSX-TSX Model Year 2004  
Date Purchased 08-MAR-04 Dealer's Name and Telephone Number DELRAY ACURA 561-265-0000  
Engine: No. Cylinders  
Fuel Type:  
Original Owner ☒ Dealer's City State Zip Code  
Transmission Type ☒ Antilock Brakes Powertrain  
☒ Cruise Control Vehicle Component Code  
073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-MAR-2004  
11/5/05  
Failure Mileage  
Failure Speed  
O-RING ON OIL FILTER

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: DOTM5ABC036) ☐ 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), including crash(es) and injury(ies).)

Crash ☐ Yes ☒ No Fire ☒ Yes ☐ No  
Number of Persons Injured 0 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 DRIVING, FIRE STARTED UNDERNEATH THE VEHICLE. THE VEHICLE WAS COMPLETELY BURNT INSIDE. CONSUMER STATED THE O-RING WAS NOT SEATED PROPERLY AND ALL THE OIL LEAKED COMPLETELY OUT OF THE VEHICLE. CONSUMER CONTACTED THE DEALERSHIP AND MANUFACTURER. \*AK

SERVICED AT ED MORSE ACURA  
940 N. Fed. Hwy  
POMPANO, FL  
This is where the oil was changed 2 days before fire

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)

After having car serviced (1st servicing) the car caught on fire while a 16 year old was driving to school.

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

Official Business  
Penalty for Private Use \$300



ATTACH ADDITIONAL SHEETS IF NECESSARY



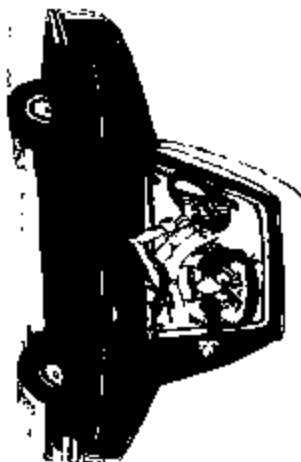
GREETINGS FROM  
ADDNEY  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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



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and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DOT AUTO SAFETY HOTLINE**

**QUESTIONNAIRE**



**VEHICLE  
OWNER'S**

