



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 100148

Date Received

17-JUN-2005

Repository ☐

Reference No.
10125605

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PALM SPRINGS State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 6/17/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JH4DC54892C [REDACTED] Make ACURA Model RSX Model Year 2002

Date Purchased _____ Dealer's Name and Telephone Number JESSUP AUTO PLAZA

Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner ☐ Dealer's City CATHEDRAL CITY State CA Zip Code _____

Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain REAR WHEEL DRIVE

Vehicle Component Code
176100 LATCHES/LOCKS/LINKAGES:HOOD:LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-JUN-2005 Failure Mileage _____ Failure Speed _____

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: DOTM19ABC036) ☐ 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

(Circle (s) in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured _____ Number of Deaths _____ 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).

DT: PROBLEM WAS NOTICED ABOUT A WEEK AGO. THE HOOD LATCH IS BOLTED TO A PIECE OF METAL, AND THERE IS A BROKEN PLACE IN THE METAL. THE METAL PIECE BROKE AWAY FROM THE BODY ON THE RIGHT SIDE, AND THEN ON THE LEFT SIDE OF THE HOOD, THE METAL SHOWS FATIGUE, AND IS ALMOST BROKEN, AND IS READY TO BREAK AWAY SOON. METAL FATIGUE IS EVIDENT ON BOTH SIDES. CONSUMER CONTACTED THE DEALER, AND THE CAR WILL BE TAKEN TO DEALER TODAY. THE CASE NUMBER WITH ACURA IS 120050617300086. *AK

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)

Repairs were Completed 06/24/05
Azura has Broken Frame + Info
Regarding This Incident!
Thank You

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

SAN DIEGO CA 921

25 JUN 05 PM 4 T

NO POSTAGE
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



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

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

OR

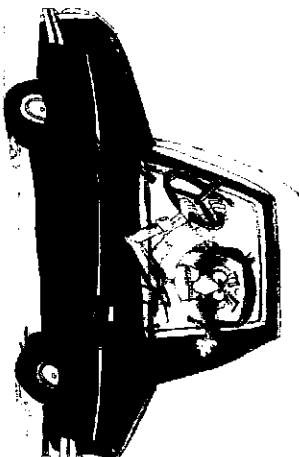
DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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