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	Repository ☐
27-JUL-2005	Reference No. 10130342

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: CEDAR RAPIDS | State: IA | 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 [redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 8/1/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
19UUA86255A[redacted]	ACURA	TL	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
19-JUL-05	LIBERTYVILLE ACURA			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: LIBERTYVILLE	State: IL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	190000 TIRES Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24-JUL-2005	300 miles	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Michelin	Pilot Hx MXM4	P235/45R17

DOT No. (Example: DOTMALBABC038):		Failure Location:	Tire Component Code	Tire Failure Type
	☒ Original Equipment ☐ Prior Repair	Sidewall		

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):

DT: THE REAR PASSENGER SIDE TIRE WENT FLAT. THERE WAS NO INDICATION THAT IT WAS FLAT. CONSUMER COULD NOT FEEL THAT THE TIRE WAS FLAT. IF HE HAD DRIVEN ANOTHER 20 MILES ON THE HIGHWAY THE TIRE WOULD HAVE COME OFF OF THE VEHICLE. CONSUMER WAS CONCERNED BECAUSE IT COULD NOT BE SENSED FROM INSIDE THE VEHICLE. THE TIRE WENT FLAT DUE TO A NAIL PUNCTURE. *AR

This is a very low profile tire which I believe is the root cause of not being able to sense the condition of the tire. Higher profile tires are not like this.

Sidewall of tire worn/damaged most of the way through. Tire was replaced.

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