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: 2005 DEC -7 PM 6 — 16-NOV-2005

Repository ☐

Reference No. 10143089

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City STAMFORD | State CT | Zip Code [redacted]

Daytime Telephone Number [redacted] | E-mail Address [redacted]

Evening Telephone Number

Do you authorize NHTSA to [redacted] ort to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an autho[redacted] provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 11-27-05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
19UUA565[redacted]	ACURA	TL	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
30-OCT-03	ACURA OF MILFORD 800-272-2872			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City MILFORD	State CT	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	022000 SUSPENSION:REAR Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-JUN-2004	7000		EXCESSIVE REAR TIRE WEAR WHICH CONTRIBUTE TO DANGEROUS REAR END SWAY.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
BRIDGESTONE TURANZA EL42	TURANZA-EL42	235-45-17

DOT No. (Example: DOTMALBABC036)		
	☒ 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), Fatalities, Crash(es), and Injuries.)

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 CONTACT STATED WHEN HITTING A BUMP THE REAR END THE VEHICLE SKIDDED OUT. CAUSING ABNORMAL TIRE WEAR. HE REPLACED THE REAR TIRES TWICE, EVERY 7,000-8,000 MILES. THE VEHICLE HAS BEEN TAKEN TO TWO DIFFERENT DEALERSHIPS, AND THEY WERE UNABLE TO DIAGNOSE THE PROBLEM. *AK

I AM NOW ON MY 3RD SET OF TIRES. DEALER STATES SINCE TIRES (REAR) ARE WORN EVENLY, ALIGNMENT IS NOT PROBLEM. CONTACTED TIRE STORE WHERE 2ND SET WAS PURCHASED (DIFFERENT BRAND) AND THEY STATED I HAD 2 DIFFERENT BRANDS & AND BOTH SHOULD NOT WEAR AS MUCH AS THEY HAVE. I HAVE FILED A COMPLAINT WITH ACURA OVER

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