



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 10014B

Date Received

2006 MAR 28
03-MAR-2006

Repository

Reference No.
10151706

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SANTA FE State NM Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [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 name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/16/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
JH4KA3146 [REDACTED] Make ACURA Model LEGEND Model Year 1987
Date Purchased 18-DEC-87 Dealer's Name and Telephone Number MONTANO ACURA Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City ALBUQUERQUE State NM Zip Code [REDACTED]
Transmission Type Automatic Manual Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 101000 POWER TRAIN:CLUTCH ASSEMBLY
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-MAR-2006 Failure Mileage 155801 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM3ALBABC096) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

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

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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*: THE CONTACT STATED WHILE THE ACCELERATOR PEDAL WAS DEPRESSED, THE VEHICLE DID NOT ACCELERATE TO THE SPEED THE RPM'S INDICATED. THE DEALERSHIP DETERMINED THE CLUTCH NEEDED TO BE REBUILT. THIS OCCURRED EVERY 50,000 MILES AND THE CLUTCH HAS BEEN REBUILT A TOTAL OF THREE TIMES. THE MANUFACTURER WAS ALERTED.

EVERY 50 000 MILES THE CLUTCH NEEDS TO BE REBUILT. SO FAR TWO REPAIRS HAVE BEEN DONE, NOW IT NEEDS A THIRD CLUTCH REPAIR AGAIN. THE CLUTCH SLIPS AND THERE IS A DANGER OF AN ACCIDENT. I HAVE OWNED SEVERAL CARS, INCLUDING TWO HONDAS AND NOT ONE OF THEM HAD EVER HAD A CLUTCH PROBLEM. HONDA

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.

SHOULD REPAIR THE CLUTCH UNDER AN EXTENDED WARRANTY.

U. [Signature]