



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: 2006 JUN 19 AM 11:44
31-MAY-2006
Repository:
Reference No.: 10158727

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SPRING State: TX 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 signature, your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: / /

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 19UUA56581A [Redacted]
Make: ACURA Model: 3.2TL Model Year: 2001
Date Purchased: 02-DEC-00 Dealer's Name and Telephone Number: TISCHER ACURA Engine: No: Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: LAUREL State: MD Zip Code: [Redacted]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 052200 ENGINE AND ENGINE COOLING:COOLING SYSTEM:FAN
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 31-MAY-2006 Failure Mileage: 63000 Failure Speed: 70

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE *N/A*

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM15ABC036): [Redacted] 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(es).)
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 STAYED WHILE TRAVELING 70 MPH, WITHOUT WARNING, BLACK SMOKE APPEARED FROM UNDER THE HOOD AND THEN THE STEERING COLUMN. THE VEHICLE WAS PULLED OVER AND IT BURST INTO FLAMES. THE FIRE DEPARTMENT WAS CALLED AND EXTINGUISHED THE FIRE. THE VEHICLE WAS TOWED TO A STORAGE LOT, WHERE THE INSURANCE COMPANY DETERMINED THE FAN MOTOR FAILED CAUSING THE FIRE. THE VEHICLE WAS DEEMED A TOTAL LOSS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY.**
The Privacy Act of 2004-Public Law 99-579 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 responses 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 an administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

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