



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

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20-MAR-2007

Repository

Reference No.  
10185639

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City HOPEWELL JUNCTION State NY 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, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 4/15/07

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 19UYA325[REDACTED]  
Make ACURA Model 2.3CL Model Year 1999  
Date Purchased 01-JAN-02 Dealer's Name and Telephone Number Heart Acura  
Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City Wappingers State NY Zip Code 12590  
Transmission Type AUTOMATIC  Antilock Brakes Powertrain UNKNOWN  
 Cruise Control Vehicle Component Code 103800 POWER TRAIN:AUTOMATIC TRANSMISSION:PARK/NEUTRAL  
Multiple Failure: 4

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 01-JAN-2004 Failure Mileage 44000 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**

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

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured 0 Number of Deaths 0 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).

TL\*- THE CONTACT OWNS A 1999 ACURA 2.3 CL. WHILE ON AN HILL OR A SLIGHT UPGRADE AND THE BRAKE PEDAL WAS DEPRESSED THE VEHICLE WILL ROLL BACKWARDS WITHOUT WARNING. THIS HAPPENED WHEN THE VEHICLE WAS IN THE PARK. THE ROAD CONDITIONS WERE CLEAR. THERE WAS A RECALL FOR THE IGNITION SWITCH INTERLOCK. THE DEALERSHIP REPLACED THE IGNITION SWITCH. THE CONTACT DID NOT EXPERIENCE THE PROBLEM UNTIL AFTER THE RECALL WORK HAD BEEN COMPLETED. THE DEALERSHIP HAD NOT INSPECTED THE VEHICLE. THE CURRENT MILEAGE WAS 44000. \*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 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.