



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  
2007 AUG -7 AM  
10-JUL-2007

Repository   
10:48  
Reference No.  
10195964

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City WARNER ROBINS State GA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]  
E-mail Address [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, NHTSA will use your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 7/30/07

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 19UUA66216 [REDACTED]  
Make ACURA Model TL Model Year 2006  
Date Purchased Feb 19 06 Dealer's Name and Telephone Number Sargento Acura  
Original Owner  Dealer's City Jonesboro State GA Zip Code [REDACTED]  
Engine: No: Cylinders 6 Fuel Type: Gas  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
Vehicle Component Code 141000 AIR BAGS:FRONTAL  
Multiple Failure: 1

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

Incident Date(s) 11-JUN-2007 Failure Mileage 15000 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 Y

**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 2006 ACURA TL. WHILE THE VEHICLE WAS IDLING, ANOTHER VEHICLE CRASHED INTO ITS FRONT END. THE AIR BAGS FAILED TO DEPLOY. THE SUPPORT BAR DETACHED FROM THE FRAME OF THE VEHICLE. THE ROAD CONDITIONS WERE NORMAL. THE VEHICLE WAS TOWED TO A REPAIR SHOP. THE MANUFACTURER STATED THAT HER VIN WAS NOT INCLUDED IN NHTSA RECALL # 05V510000 (AIR BAGS:FRONTAL). A POLICE REPORT WAS FILED. THE PURCHASE DATE AND VIN WERE UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 15,000. *Acura, in California, will not provide investigation report to contact.*

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.