



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/home

FOR AGENCY USE ONLY 100148

Date Received

Repository

27-AUG-2007

Reference No.

10200890

AM 7:36

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City PACIFIC PALASTATES

State CA

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

Model

Model Year

19UYA3252X

ACURA

2.3CL

1999

Date Purchased
01-JAN-99

Dealer's Name and Telephone Number

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
103000 POWER TRAIN:AUTOMATIC TRANSMISSION

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-AUG-2007

Failure Mileage
76000

Failure Speed
5

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
1

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 1999 ACURA 2.3 CL. THE VEHICLE WAS TURNED ON AND THE GEAR WAS SHIFTED TO REVERSE. WHILE DRIVING 5 MPH IN REVERSE, THE TRANSMISSION WAS HEARD SHIFTING AND THE VEHICLE SUDDENLY ACCELERATED FORWARD AND CRASHED INTO A VEHICLE. THE BRAKE WAS APPLIED, HOWEVER; THE VEHICLE WOULD NOT STOP UNTIL IT CRASHED INTO A WALL. THE AIR BAGS DEPLOYED. THE VEHICLE WAS TOWED. THE INSURANCE COMPANY DETERMINED THE VEHICLE TO BE DESTROYED. THE CURRENT AND FAILURE MILEAGES WERE 76,000.

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.



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216cg

As a result of your report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the drivers door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.
Thank you for your cooperation.

Sincerely,

Kathleen C. DeMeter
Director
Office of Defects Investigation
Enforcement

Enclosure: VOQ



State Farm®
Providing Insurance and Financial Services

PO Box 22664
Bakersfield, CA 93390-2664



023000322

0230000322

[REDACTED]
PACIFIC PLSDS CA [REDACTED]



August 16, 2007

Policy Number: [REDACTED]
Claim Number: [REDACTED]
Date of Accident: August 1, 2007

Dear Policyholder,

I am writing to let you know our claim department has completed the investigation for the above referenced accident. It has been determined the driver of your vehicle was *principally responsible* (51% or more at fault) for this accident, because of failing to maintain proper control of the vehicle.

If you have any questions regarding this decision, please contact your claim handler.

Under California law we are required to provide written notification of our determination of fault to you as our policyholder.

You may request reconsideration of the liability determination placing the driver principally at fault for this accident. If you would like reconsideration, please send your request in writing within 30 days from the receipt of this letter. I will review your claim file and let you know of the decision in writing within 30 days. In your request, please include any information about the accident you believe should be considered along with your claim number or a copy of this letter. Unfortunately, reconsideration reviews cannot be completed over the telephone or via e-mail.

Please submit your written reconsideration request to:

California Reconsideration of Fault Department
P.O. Box 22664
Bakersfield, CA 93390-2664

Thank you for choosing State Farm to serve your insurance needs. We appreciate your business.

Sincerely,

A handwritten signature in cursive script that reads "Tasha Hunt-Caudill".

Tasha Hunt-Caudill
California Auto Reconsideration Coordinator
State Farm Mutual Automobile Insurance Company

August 17, 2007

To whom it may concern,

I am writing this letter to request reconsideration of the liability placing the driver at fault for this accident. (policy [REDACTED], claim # [REDACTED]) which occurred on 8/1/07. The following is an account of what happened that morning:

It was approximately 8:15 AM and I was attempting to pull out of my parking space at Gelsons market, a market I frequent at least 3 times per week. At that point, the car developed a life of it's own. The car went forward at what seemed like a very high speed and crashed through the parking lot hitting parked cars along the way and running into a wall at the opposite end of the market. The seat had slid backward making it impossible for me to reach the break (Which I don't think was functioning at that time), the emergency brake or the key to turn the car off. All these things went through my mind as the car was tearing through the market parking lot. You mention in your letter that I failed to maintain proper control of the car which is 100% false. The car was in control of itself as it was malfunctioning. As horrific as this accident was, I consider it as blessing that the car only damaged parked cars and not humans, other than myself. This accident has left me very shaken and in a lot of pain, but alive. I strongly urge you to look at the FACTS that I have presented as there is no other explanation for what happened other than the car accelerated and there was no way to stop it, I had to wait until it hit a wall which finally broke the speed. I plan to pursue what is the truth and hope that you will see my description of the accident as such. If you need any further information, please feel free to contact me at [REDACTED]

Sincerely,
[REDACTED]

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).