



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

30-AUG-2007

2007 SEP 18 PM 12:14

Repository []

Reference No. 10201272

OWNER INFORMATION (Type or Print)

Name

Address

City CHARLOTTE

State NC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to use the name of your vehicle? [X] YES [] NO
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner Date 9/11/07

VEHICLE INFORMATION

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

19UYA424X1A

Make

ACURA

Model

3.2CL

Model Year

2001

Date Purchased 01-JAN-03

Dealer's Name and Telephone Number

KEYES ACURA 818 782-1120

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner []

Dealer's City

VAN Nuys

State

CA

Zip Code

91401

Transmission Type AUTOMATIC

[X] Antilock Brakes
[X] Cruise Control

Powertrain UNKNOWN

Vehicle Component Code

103000 POWER TRAIN:AUTOMATIC TRANSMISSION

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-AUG-2007

Failure Mileage

53,082

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

N/A

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:

N/A

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 [X] No

Fire

[] Yes [X] 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 2001 ACURA 3.2CL. IN 2004, THE CONTACT RECEIVED NHTSA RECALL NOTICE NUMBER 04V176000 (POWER TRAIN:AUTOMATIC TRANSMISSION). THE DEALER REPLACED THE TRANSMISSION. AS A RESULT, THE WARRANTY WAS EXTENDED FOR SEVEN YEARS. ON AUGUST 29, 2007, THE VEHICLE WAS TAKEN TO THE DEALER FOR ROUTINE MAINTENANCE AND SHE WAS INFORMED THAT A NEW TRANSMISSION WAS NEEDED. THE DEALER STATED THAT THE ENTIRE TRANSMISSION FAILED AND WAS DIFFICULT TO SHIFT. THEY ALSO STATED THAT THIS WAS THE SAME DEFECT THAT WAS STATED IN THE RECALL SHE PREVIOUSLY RECEIVED. ACURA WAS UNCONCERNED SINCE THE WARRANTY WAS EXTENDED FROM THE PRIOR RECALL. THE CONTACT STATED THAT HER MAIN CONCERN WAS HER SAFETY AND THE RESALE POTENTIAL OF THE VEHICLE. AS OF AUGUST 30, 2007, THE VEHICLE REMAINS AT THE DEALER FOR TRANSMISSION REPAIR. THE POWERTRAIN AND FAILURE MILEAGE WERE UNKNOWN. THE CURRENT MILEAGE WAS 53,000. ON SEPT 7, 2007 I picked up car and test drove with mechanic after noticing hard shift still present. Told it would transition gears smoother with warranty repair that the car

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in me pursuant to the Privacy Act of 1974 and its amendments. You are under no obligation to respond to this questionnaire. Your response may be used to take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative or a statistical summary thereof, may be used in support of the agency's action.

INCL SHEETS IF NECESSARY

Privacy Act and subsequent amendments, whether a Manufacturer or a manufacturer, your response,

NOT SECURE WITH REPAIRS
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

HAD 2 TRANSMISSIONS IN 3 YEARS ON A LOW MILEAGE VEHICLE. I AM NOT ASSURED ORIGINAL PROBLEM HAS BEEN SOLVED AND THE LOSS OF THE INITIAL PERFORMANCE OF THE CAR I BOUGHT HAS BEEN LOST. NOT TO MENTION THE FEAR OF INJURY FROM A MALFUNCTION. I WOULD LIKE TO SELL BUT I ALSO AM CONCERNED AFTER FAIR DISCLOSURE OF RECALL REPAIRS ESPECIALLY ON MAJOR COMPONENTS. I WILL NOT GET THE VALUE OF THE MARKET. I BOUGHT HONDA FOR DEPENDABILITY AND PERFORMANCE. I FEEL LIKE I HAVE A LEMON VEHICLE. ATTACH ADDITIONAL SHEETS IF NECESSARY

* FRANKLY WHICH I CONTINUE TO PAY FOR NO FULL DISCLOSURE OF RECALL REPAIRS FOR REPLACEMENT JUST SECURE WITH WARRANTY THAT WILL REPLACE IT.

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

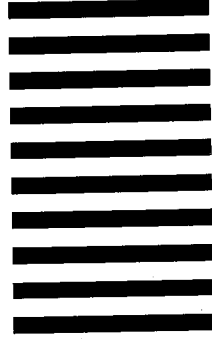
Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

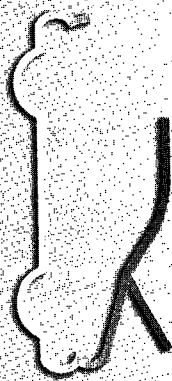
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC-20590

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



Think your vehicle has a safety defect?



If so: Use the enclosed form to file a report.

or visit: www.safercar.gov

or call: Vehicle Safety Hotline 888-327-4236



Vehicle Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



HENDRICK ACURA

6824 E INDEPENDENCE BLVD
 CHARLOTTE, NC. 28227
 704-563-7800

DATE: _____ REPAIR ORDER# _____
 NAME _____ PHONE # _____
 YEAR _____ MAKE/MODEL _____ VIN# _____ ODOMETER _____
 TECHNICIAN _____ CONSULTANT _____

CHECKED & OKAY **WILL REQUIRE FUTURE ATTENTION** **REPAIR REQUIRED**

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Change engine oil and filter. Reset system |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lubricate chassis components. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rotate tires and check inflation and wear. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect exhaust system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect brake system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check engine coolant & wiper fluid, add as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect transmission, drive shaft, lube as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check interior lights, exterior, brake lamps and signals. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect CV drive axle boots. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform any additional needed services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect suspension and steering components. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lubricate suspension, steering, and body components. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect radiator, heater, and A/C hoses. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect wiper blades, and wiper operation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect restraint system components. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visually inspect engine air filter. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check transmission fluid level and add fluid as needed. |

CHECK BATTERY PERFORMANCE

- Good
- Recharge
- Replace
- Other _____

CHECK & FILL EVERY MAINTENANCE

- Coolant recovery reservoir fluid.
- Window washer fluid.
- Differential fluid.
- Transmission fluid
- Brake fluid.
- Power steering fluid.
- Check filters

TIRE AND BRAKE INSPECTION

LEFT FRONT

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lining <u>7.5</u> mm
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Tread <u>6</u> 32nds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Pressure <u>32</u> psi

RIGHT FRONT

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lining <u>7.5</u> mm
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Tread <u>6</u> 32nds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Pressure <u>32</u> psi

LEFT REAR

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lining <u>5</u> mm
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Tread <u>5</u> 32nds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Pressure <u>32</u> psi

RIGHT REAR

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lining <u>5</u> mm
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Tread <u>5</u> 32nds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Pressure <u>32</u> psi

COMMENTS

NEXT SCHEDULED MAINTENANCE

Date: _____ Time: _____
 Reason for Maintenance: _____



ACURA

1919 Torrance Blvd.
P.O. Box 2215
Torrance, CA 90509-9870

Spring to Summer 2007

Warranty Extension: Main Components of the Occupant Position Detection System

Dear Acura Owner:

As part of our commitment to vehicle safety, your Acura has several features that help protect you and your passengers. One of these features is the occupant position detection system (OPDS). Although we do not encourage young children to ride in the front seat, the OPDS reduces their risk of injury from an inflating side airbag by turning off the airbag if they are out of position and leaning toward the door.

Warranty Extension Details

To ensure the OPDS remains in top condition, we are extending the warranty on the main components of the system, the OPDS control unit and the OPDS sensor, to 10 years or 150,000 miles, whichever occurs first.

If the red supplemental restraint system (SRS) indicator on the instrument panel stays on, take your vehicle to any Acura dealer for an inspection. If there is a problem with the OPDS control unit or the OPDS sensor, and your vehicle is within the extended warranty time/mileage period, the dealer will replace the control unit or the sensor, free of charge. The inspection is also free of charge, even if there is not a problem with the OPDS control unit or the OPDS sensor and your vehicle is within the extended warranty time/mileage period. Other components of the ~~OPDS and the SRS are covered by your vehicle's normal warranty.~~

This warranty extension does not apply to any vehicle that has ever been declared a total loss, or any that has been issued a salvage, branded, or similar title under any state's law.

Please keep a copy of this letter in your glove box, along with your vehicle's warranty information booklet.

What to do if you feel this notice is in error

Our records show that you are the current owner or lessee of an Acura receiving this warranty extension. If this is not the case, or the name/address information is incorrect, please fill out and return the enclosed, postage-paid *Information Change Card*. We will then update our records. If you paid to have a defective OPDS control unit or OPDS sensor replaced sometime in the past, you may be eligible for reimbursement. Refer to the attached *Instructions for Reimbursement* for eligibility requirements and the reimbursement procedure.

If you have questions

If you have questions about this notice, or need assistance with contacting an Acura dealer, please call Acura Client Services at (800) 382-2238.

Sincerely,

American Honda Motor Co., Inc.
Acura Automobile Division



ACURA

1919 Torrance Blvd.
P.O. Box 2215
Torrance, CA 90509-9870

Instructions for Reimbursement: OPDS Control Unit/OPDS Sensor

Reimbursement eligibility

You may be eligible for reimbursement if you previously paid to have the occupant position detection system (OPDS) control unit or OPDS sensor replaced.

- You must have had your vehicle repaired before receiving this notice.
- You must have owned the vehicle at the time of repair. You are still eligible if you no longer own the vehicle.

NOTE: Any incidental expense or inconvenience you may have suffered due to the loss of use of your vehicle may not be reimbursable.

To apply for reimbursement

- ✓ **Complete the attached *Request for Reimbursement* form.**
- ✓ **Attach a copy of the repair receipt or invoice for the OPDS control unit replacement.** A copy of the repair invoice from an authorized Acura dealer or independent repair facility, showing replacement of the OPDS control unit or OPDS sensor will meet this need. This invoice should show your vehicle's model, vehicle identification number (VIN), the name and address of the facility that did the repair, the cost of the repair (parts and labor), and the date the work was completed.
- ✓ **Attach Proof of Payment** a copy of the cancelled check, bank statement, cash receipt, or credit card receipt showing that you paid for the repair.
- ✓ **Mail the completed *Request for Reimbursement* form and copies of the receipts and invoices to**

American Honda Motor Co., Inc.
Acura Client Services
PO Box 2964
Torrance, CA 90509-2964

Please allow six to eight weeks for reimbursement
Failure to include proper documentation can further delay your reimbursement.

If you have questions, please call (800) 382-2238.

Request For Reimbursement: OPDS Control Unit/OPDS Sensor

Fill in the following blanks. Please print clearly, and provide complete information.

Name _____ () _____
Daytime telephone number

Current Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Was the vehicle towed in for repair? Yes No

Vehicle Identification Number (VIN) REQUIRED _____ Mileage at time of repair _____ \$ _____
Total amount requested

Name of facility that did the repair _____

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