



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-DO (1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received 09-OCT-2007	Repository <input type="checkbox"/>
	Reference No. 10205262

Daytime Telephone Number	E-mail Address
Evening Telephone Number	

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: WINNABOW State: NC Zip Code: [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 10/23/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 19UUA6627 [REDACTED]	Make ACURA	Model TL	Model Year 2006
Date Purchased 05-MAY-06	Dealer's Name and Telephone Number CARY ACURA		Engine: No: Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City CARY	State NC	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain ALL WHEEL DRIVE	Vehicle Component Code 201000 WHEELS:RIM
Multiple Failure: 2			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JAN-2007	Failure Mileage 20000	Failure Speed
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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. THE CONTACT STATED THAT THE PASSENGER REAR RIM WAS DENTED, CRACKED THEN REPLACED. THE PASSENGER FRONT WAS DENTED AND REPLACED. THE MANUFACTURER STATED THAT THEY REPLACE A LOT OF RIMS AND THE FAILURE WAS A KNOWN OCCURRENCE. THE CURRENT MILEAGE WAS 29,000 AND THE FAILURE MILEAGE WAS 20,000.

cl know of 2 other people that have had the same problem -

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.