



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

2008 JUL -3 AM 9:54
09-JUN-2008

FOR AGENCY USE ONLY 100148

Date Received: _____ Repository
Reference No. 10230325

OWNER INFORMATION (Type or Print)

Name: _____ Daytime Telephone Number: _____ E-mail Address: _____
Address: _____
City: BELL CAMP State: MD Zip Code: _____ Evening Telephone Number: _____

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: 19JUA56813A
Make: ACURA Model: TL Model Year: 2003
Date Purchased: 8-10-2002 Dealer's Name and Telephone Number: CASTLE DEALERSHIPS
Engine: 3.2 No. Cylinders: 4 Fuel Type: PREMIUM
Original Owner: Dealer's City: NEW CASTLE State: Del Zip Code: 19720
Transmission Type: Antilock Brakes Powertrain Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION
 Cruise Control Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-JAN-2008 Failure Mileage: 98000 Failure Speed: 35
18 Jan. Slipping Trans
Jan 6. Transmission Seized while driving down road - almost caused major collision

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 2003 ACURA TLS. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 35 MPH WITH HER FOOT ON THE ACCELERATOR PEDAL, THE VEHICLE STOPPED THE SERGED FORWARD WITHOUT ANY WARNING. THE VEHICLE WAS TOWED TO THE DEALER WHO STATED THAT THE TRANSMISSION NEEDED TO BE REPLACED. THE CURRENT MILEAGE IS 104000 AND THE FAILURE MILEAGE WAS 98000.

I have taken car in to shop for Trans recall in 2004. They stated work was completed in Jan 08 Trans. was acting funny. Shop did repairs. Took in to shop again on June 2nd told them trans was banging into 2nd gear, showed them I had recall work completed. They inspected car told me I needed a motor mount. They replaced it drove out of shop & 1 mile down road trans seized up & almost had a truck plow into the back of me. I knocked my back out of alignment. was in pain for days.

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.

104,000
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