



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

17-NOV-2008

Repository

Reference No.
10249022

OWNER INFORMATION (Type or Print)

Name

Address

City ANTELOPE

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

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, provide your name or address to the vehicle manufacturer.
 Signature of Owner _____ Date 11/22/08

VEHICLE INFORMATION

| | | | | |
|---|---|---------------|---------------------------|---|
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 19UUA56633 | | Make ACURA | Model TL | Model Year 2003 |
| Date Purchased 5/01/03 | Dealer's Name and Telephone Number LASHER AUTO GRP. 916-392-1400 ELK GROVE, CA | | Engine: No: Cylinders | Fuel Type: UNLEADED OCTANE # 91 or higher |
| Original Owner <input type="checkbox"/> | Dealer's City SACRAMENTO / ELK GROVE | State CA | Zip Code 95823 / 95758 | |
| Transmission Type Automatic | <input checked="" type="checkbox"/> Antilock Brakes | Powertrain | Multiple Failure: | Incident Date(s) 24-JUL-2008 |
| | <input checked="" type="checkbox"/> Cruise Control | | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | |
|--|--------------------------|--------------------|
| Vehicle Component Code: 110000 ELECTRICAL SYSTEM | Failure Mileage 68088 | Failure Speed 0 |
|--|--------------------------|--------------------|

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 checked="" type="checkbox"/> Yes <input 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 |
|--|---|--------------------------------|-----------------------|-------------------------|

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 TL. AFTER PARKING THE VEHICLE AND WALKING APPROXIMATELY TWO FEET, THE VEHICLE BEGAN ROLLING BACKWARDS ON ITS OWN. THE VEHICLE WAS STOPPED WHEN IT CRASHED INTO THE PASSENGER DOOR OF ANOTHER VEHICLE. THERE WERE NO PASSENGERS IN EITHER VEHICLE AT THE TIME OF THE CRASH. THE OTHER VEHICLE WAS DAMAGED AND THE CONTACT'S VEHICLE SUSTAINED SCRATCHES TO THE REAR BUMPER. THE VEHICLE WAS DRIVEN TO THE DEALER AND THEY STATED THAT THE IGNITION INTERLOCK WAS DEFECTIVE AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED. THE CURRENT MILEAGE WAS 70,000 AND FAILURE MILEAGE WAS 68,088.

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.

HOME
BUS:

CONT:N/A
CELL:

SERVICE ADVISOR: 1005 GARY SMEDSTAD

www.honda.com

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|------------|-----------|------------|---------------------|---------|----------------|---------|----------|
| GREY | 03 | ACURA TL | 19UUA56633A | | 68088/68089 | | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 27APR02 DD | | | WAIT 06AUG08 | | 0.00 | CASH | 06AUG08 |
| R/O OPENED | | READY | OPTIONS: DLR:251357 | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A CUST STATES THAT THE KEY COMES OUT OF IGNITION WHEN IN REV OR DRIVE
 CHK ADVISE
 725199 REPLACE FAULTY IGNITION INTERLOCK 108.00 108.00
 622 CAC 6.62 6.62 6.62
 1 06352-S84-000 KIT, LEVER (B)

B NO WASH!!
 999 NO WASH (N/C)
 99 I

EST: 120.00 06AUG08 06:29 SA: 1005

ACURA CARE TO PAY FULL AMOUNT NIELLO ACURA WOULD LIKE TO THANK YOU FOR VISITING OUR SERVICE DEPARTMENT. WE STRIVE TO PROVIDE EVERY CUSTOMER WITH EXCELLENT SERVICE AND WE HOPE WE EXCEEDED YOUR EXPECTATIONS. IN AN EFFORT TO CONTINUOUSLY IMPROVE CUSTOMER SATISFACTION, WE WELCOME YOUR INPUT. PLEASE FEEL FREE TO CONTACT US.

AUG 06 2008

BY: _____

| REVISED ESTIMATE (1) | DATE | TIME | BY |
|----------------------|------|------|----|
| REVISED ESTIMATE (2) | | | |
| REVISED ESTIMATE (3) | | | |

I HEREBY ACKNOWLEDGE THAT I WAS NOTIFIED & GAVE ORAL APPROVAL OF THE ABOVE REVISED ESTIMATES:
 x _____
 Customer Signature
 By law, you may choose another licensed Smog Check facility to perform any needed repairs or adjustments that the Smog Check test indicates are necessary.

| | | |
|--|------------------------|--------|
| by multiplying our retail labor rate by industry time allowances or our own judgment of the time to be charged. You will be charged no more than the estimated price approved by you. However, if we discover that different or additional repairs are indicated, you will be contacted for your advance approval of a revised estimate. | GAS, OIL, LUBE | 0.00 |
| | SUBLET AMOUNT | 0.00 |
| | MISC. CHARGES | 0.00 |
| | TOTAL CHARGES | 114.62 |
| | LESS INSURANCE | 0.00 |
| | SALES TAX | 0.51 |
| | PLEASE PAY THIS AMOUNT | 115.13 |

CUSTOMER COPY