OCT - 9 2009

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	Repository ☐
04-SEP-2009	Reference No. 10282901

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City ANGELS CAMP	State CA	Zip Code [redacted]	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JH4KA9645V[redacted]	ACURA	RL	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Jan 2000	Acura of Modesto			6	Unl
Original Owner ☐	Dealer's City Modesto	State CA	Zip Code 95350		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control			02-SEP-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 020000 SUSPENSION	Failure Mileage	Failure Speed
	163000	30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Michelin		
DOT No. (Example: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 1997 ACURA RL. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 30 MPH, THE BALL JOINT SEPARATED CAUSING THE FRONT SUSPENSION TO COLLAPSE. THE VEHICLE WAS TOWED TO A DEALER AND WAS IN THE PROCESS OF BEING REPAIRED. THE MANUFACTURER ADVISED THE CONTACT THAT HIS VEHICLE WAS PREVIOUSLY REPAIRED ACCORDING TO RECALL# 99V069000 (SUSPENSION:FRONT: CONTROL ARM: LOWER BALL JOINT) AND THEY WOULD NOT ASSUME ANY RESPONSIBILITY FOR THE REPAIRS. THE FAILURE AND CURRENT MILEAGES WERE 163,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

USAA # 146624 99

04/08/2009 at 03:28 PM Job Number:
55508

THE PAINT & BODY SHOP
License #: [redacted] Federal ID #: [redacted]
Collision Repair - Auto Glass - A/C - Detail
314 N Main Street , P.O.Box 581
Angles Camp, CA 95221
(209)736-9241 Fax: (209)736-9269

PRELIMINARY ESTIMATE

Written By: J.R. Valdez
Adjuster:

Insured: [redacted]
Owner:
Address:

Day: [redacted]

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact:

Inspect Location:

Insurance Company:

Days to Repair

1997 ACUR RL 3.5L 6-3.5L-FI 4D SED Int:
VIN: JH4KA9645VC[redacted] **Lic:** [redacted] **Prod Date:** **Odometer:**

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Intermittent Wipers	Climate Control
Keyless Entry	Alarm	Body Side Moldings
Dual Mirrors	Console/Storage	Electric Glass Sunroof
Fog Lamps	Three Stage Paint	Power Steering
Power Brakes	Power Windows	Power Locks
Power Driver Seat	Power Passenger Seat	Power Mirrors
AM Radio	FM Radio	Stereo
Cassette	Search/Seek	Anti-Lock Brakes (4)
Driver Air Bag	Passenger Air Bag	4 Wheel Disc Brakes
Leather Seats	Bucket Seats	Recline/Lounge Seats
Automatic Transmission	Aluminum/Alloy Wheels	

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		FENDER				
2	Repl	LT Fender liner	1	85.50	Incl.	
3	Repl	LT Fender	1	448.85	1.3	2.0
4		Add for Three Stage				1.4
5		Add for Edging				0.5
6		FRONT DOOR				
7	Blnd	LT Door shell				1.5
8	R&I	LT Body side mldg white			0.3	
9	R&I	LT Belt w'strip			0.3	
10	R&I	LT Mirror assy w/o heated white			0.4	
11	R&I	LT Handle, outside white			0.3	
12	R&I	LT R&I trim panel			0.4	
13#	Subl	Hazardous waste removal	1	3.00 X		
14#	Repl	Mask for overspray	1		0.3	
15#	Repl	Tint color	1		0.5	
16#	Repl	Restore corrosion protection	1	10.00	0.5	
17#	Repl	Finsih sand & buff	1		1.0	
		Subtotals ==>		547.35	5.3	5.4

USAA # 14662499

./08/2009 at 03:28 PM Job Number:
55508

PRELIMINARY ESTIMATE

1997 ACUR RL 3.5L 6-3.5L-FI 4D SED Int:

Parts		544.35
Body Labor	5.3 hrs @ $ 68.00/hr	360.40
Paint Labor	5.4 hrs @ $ 68.00/hr	367.20
Paint Supplies	5.4 hrs @ $ 32.00/hr	172.80
Sublet/Misc.		3.00
SUBTOTAL		$ 1447.75
Sales Tax	$ 717.15 @ 8.2500%	59.16
GRAND TOTAL		$ 1506.91
ADJUSTMENTS:		
Deductible		0.00
CUSTOMER PAY		$ 0.00
INSURANCE PAY		$ 1506.91

I authorize THE PAINT & BODY SHOP to perform the needed repairs to my vehicle. Repairs include parts, labor, and diagnosis. The above estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has started. Worn or damage parts, not evident on first inspection, may be discovered and you will be contacted for authorization for additional work.
Parts prices are subject to change without notice.
ACKNOWLEDGEMENT: I have read and understand the above estimate and authorize repair service to be performed, including sublet work and acknowledge receipt of this estimate. An express mechanics lien is hereby acknowledged on the above vehicle to secure the amount of repairs completed.

Authorized By:

Signed:_____ Date:_____

Supplement Authorized By:

Signed:_____Amount:_____ Date:_____

Work Accepted By:

Signed:_____ Date:_____

USAA #-146624 99

WAYNE & SON AUTOMOTIVE, INC.
329 NO. MAIN * PO BOX 514
ANGELS CAMP, CA.. 95222
Phone - 209-736-4957 Fax - 209-736-9343
VOTED #1 SHOP IN CALAVERAS COUNTY

INVOICE
15916
Org. Est. # 033113
BAR# AC215461
EPA #CAL000213059

INVOICE

Print Date : 09/08/2009

[redacted]
Angels Camp, Ca. [redacted]
Home [redacted]
Cust ID : 6948

Ref # :

1997 Acura - 3.5RL
3.5L, V6, VIN (KA9)
Lic # : [redacted]
Unit # :
Vin # : **JH4KA9645V** [redacted]
Hat # :

Odometer In : 163899

Part Description / Number	Qty	Sale	Extended
NEW CV AXLE			
1212	1.00	189.50	189.50
LOWER BALL JOINT, ACURA			
04510-SZ3-000	1.00	61.62	61.62

Labor Description	Extended
SHIPPING	10.00
CHECK DRIVER SIDE FRONT BALL JOINTS- PUSH INTO SHOP, JACK UP AND INSPECT. FOUND CV AXLE BLOWN APART AND DRIVERS SIDE LOWER BALL JOINT DESTROYED. SUGGEST REPLACE LOWER BALL JOINT AND CV AXLE. 4:54 pm 09/03/09 SPOKE TO MR. KITTLE AND HE AUTHORIZED DRIVERS SIDE REPAIR $512.37. DECIDED TO WAIT ON OTHER SIDE.BC.	248.75
Hazardous Materials	2.50

Org. Estimate $512.37 Revisions $0.00 Current Estimate $ 512.37 Additional Cost Revised Estimate

[Payments - Visa - $512.37]

Labor:	**251.25**
Parts:	**251.12**
Sublet:	**10.00**
Sub:	**512.37**
Tax:	**0.00**
Total:	**512.37**
Bal Due:	**$0.00**

Warranty on parts and labor is 12 months or 12.000 miles whichever comes first (unless otherwise stated). Warranty work has to be performed in our shop (unless covered under an alternate warranty) & cannot exceed the original cost of repair.

SIGNATURE..... Date..... Time.....

14662499
USAA

SAM BERRI TOWING

1138 E. Hwy 4
P.O. Box 1978
MURPHYS, CALIFORNIA 95247
(209) 728-3931

Road Service

O/C

DATE	TIME	A.M. / P.M.	REQUESTED BY	P.O. NO.
9/2/09				

NAME [redacted]

ADDRESS [redacted]

CITY Angels Camp | STATE CA | ZIP [redacted]

LOCATION OF VEHICLE Hwy 49 X Treats Ave, San Andreas

YEAR, MAKE, MODEL	COLOR	DRIVER
1997 Acura	WHT	

STATE	LIC. PLATE NO.	VEHICLE I.D. NO.	REGISTERED OWNER
CA	[redacted]	JH4YA9645VC [redacted]	

MILEAGE	SERVICE TIME	EXTRA PERSON
FINISH	FINISH	FINISH
START	START	START
TOTAL 7	TOTAL	TOTAL

REASON FOR TOW

- ☒ ACCIDENT
- ☐ ARREST
- ☐ UNREGISTERED
- ☐ TOW ZONE
- ☐ SNOW REMOVAL
- ☐ ABANDONED
- ☐ STOLEN CAR
- ☐ BREAK DOWN
- ☐ LOCK OUT
- ☐ START
- ☐ FLAT TIRE
- ☐ OUT OF GAS
- ☐ IMPOUNDED
- ☐

SPECIAL EQUIPMENT

- ☐ SINGLE LINE WINCHING
- ☐ DUAL LINE WINCHING
- ☐ SNATCH BLOCKS
- ☐ SCOTCH BLOCKS
- ☐ DOLLY

TYPE OF TOW

- ☐ SLING/ HOIST TOW
- ☐ FLAT BED/ RAMP
- ☒ WHEEL LIFT
- ☐

TOWED PER ORDER OF

- ☐ STATE POLICE
- ☐ LOCAL POLICE
- ☒ OWNER
- ☐ DEALER

VEHICLE TOWED TO

FIRST TOW Wade & Sons

SECOND TOW Angels Camp

STORAGE FROM

O/C TO _____ DAYS @ $ _____

PAID BY AAA Auth # [redacted]

☐ CASH ☐ CHECK DRIVERS LIC. NO. _____

☒ CREDIT CARD ☐ MC ☒ VISA ☐ AMEX EXP. DATE 06/11

CC NO [redacted]

OPERATOR'S SIGNATURE _____ DATE 9/2/09

TRUCK NO. 53

[redacted]

TOWING CHARGE	42 00
MILEAGE CHARGE	
EXTRA PERSON	
SPECIAL EQUIPMENT	
LABOR CHARGE	
STORAGE	
SUB-TOTAL	
TAX	
TOTAL	

34423

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

Thank You

PRODUCT 2525