

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

Date Received

OCT - 3 2012

28-AUG-2012

Repository ☐

Reference No.

10472808

OWNER INFORMATION (Type or Print)

Name

Address

City

COLUMBIA

State

SC

Zip Code

Daytime Telephone Number

E-mail Address

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

19UUA56653A

Make

ACURA

Model

TL

Model Year

2003

Date Purchased

SEPT. 2003

Dealer's Name and Telephone Number

MCDANIELS ACURA (866) 677-5421

Engine:

No: Cylinders

Fuel Type:

REG.

Original Owner

☒

Dealer's City

COLUMBIA

State

SC

Zip Code

29203

6

Transmission Type

AUTO

☒ Antilock Brakes

Powertrain

☒ Cruise Control

Multiple Failure:

Incident Date(s)

25-AUG-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage

65000

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)

☐ 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 TL. THE CONTACT STATED THAT THE VEHICLE FRONT PASSENGER AIR BAG WAS LEAKING. THE VEHICLE WAS TAKEN TO THE DEALER WHO WAS UNABLE TO DIAGNOSE THE FAILURE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE WHO DID NOT OFFER ANY ASSISTANCE. THE FAILURE MILEAGE WAS 65,000 AND THE CURRENT MILEAGE WAS 66,000.

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.