

CL-10497696-5483

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**FAX COVER SHEET****TO: DOT AUTO SAFETY HOTLINE
NHTSA/Office of Defects Investigation****FROM:** [REDACTED]**Easton, PA** [REDACTED]**E-mail:** [REDACTED]**PHONE:** [REDACTED]**FAX: 1-202-366-1767****February 25, 2013****RE: FOLLOW UP TO ODI COMPLAINT #10497696**

As requested, completed Vehicle Owner's Questionnaire follows.

2/20/13 – Detailed information was sent Certified Mail, Return Receipt Requested to NHTSA.

As for Repair Invoice, two (2) estimates were required by State Farm for garage damages – one came through as \$3,770.71 and the other \$3,650. State Farm requested additional details on the \$3,650 bid.

Also, damages to reseal driveway \$600, (this had been resealed August 2013), replacement of lawn mower, compressor, storage stands, patio furniture, stored in the garage have not been submitted as yet, due to attaining prices.

My State Farm Claim Number is [REDACTED]. Jessica L. Paolini is a Claim representative and can be reached at (888) 713-4694 Ext. 3614761.

(2) Pages – including coversheet

JM
3/13/13
PMD

Form Approved: DME No. 2127-0008

 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 11-FEB-2013	Repository ☐ Reference No. 10497696
OWNER INFORMATION (Type or Print)		Daytime Telephone Number [REDACTED]	
Name [REDACTED]		E-mail Address [REDACTED]	
Address [REDACTED]		Evening Telephone Number Same	
City EASTON	State PA	Zip Code [REDACTED]	
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 19UUA5640XA [REDACTED]		Make ACURA	Model Year 1999
Date Purchased 3-13-99	Dealer's Name and Telephone Number Lehigh Valley Acura - 610-967-6500	Engine: No. Cylinders 6	Fuel Type: 93 Premium
Original Owner ☐	Dealer's City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Transmission Type ☒ Antilock Brakes ☒ Cruise Control	Powertrain [REDACTED]	Multiple Failure: [REDACTED]	Incident Date(s) 02-FEB-2013
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL		Failure Mileage 67000	Failure Speed [REDACTED]
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make [REDACTED]	Tire Model (Name or Number) [REDACTED]	Tire Size (Example P215/65R15) [REDACTED]	
DOT No. (Example: DOTM19ABC036) [REDACTED]	☐ Original Equipment ☐ Prior Repair	Failure Location: [REDACTED]	
Tire Component Code [REDACTED]	Tire Failure Type: [REDACTED]		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make: [REDACTED]	Date Manufactured: [REDACTED]	Model No./Name: [REDACTED]	
Seat Type: [REDACTED]	Installation System: [REDACTED]		
Child Seat Component Code: [REDACTED]	Failed Part: [REDACTED]		
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 1	Number of Deaths 0
Reported to Police ☒ Yes ☐ No		[REDACTED]	
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 1999 ACURA TL. THE CONTACT STATED THAT THE VEHICLE ABNORMALLY ACCELERATED AS SHE ATTEMPTED TO PARK IN A RESIDENTIAL GARAGE. THE CONTACT APPLIED IMMENSE PRESSURE TO THE BRAKES BUT WAS UNABLE TO CONTROL THE VEHICLE. AS A RESULT, THE CONTACT CRASHED INTO A LAWN MOWER, A COMPRESSOR AND THEN A WALL. THE VEHICLE WAS DESTROYED. THE CONTACT SUSTAINED INJURIES TO THE HIP AREA. THE MANUFACTURER WAS NOTIFIED AND A COMPLAINT WAS FILED BUT NO ASSISTANCE WAS PROVIDED. THE FAILURE AND CURRENT MILEAGE WAS 67,000.			
NOTE: 2/20/13 - SENT CERTIFIED PACKAGE WHICH INCLUDED: LETTER DESCRIBING ACCIDENT; 18 PHOTOS TAKEN ON 2/2/13; 2-PAGES - INFORMATION FOUND ON ACURA ISSUE; AND 6 PAGES MAINTENANCE WORK DONE ON MY ACURA SINCE 11/20/99.			
CALLED FORKS TOWNSHIP POLICE DEPT. AND AN OFFICER OBSERVED SCENE OF ACCIDENT BUT SINCE THIS HAPPENED ON PRIVATE PROPERTY IT'S CONSIDERED A NON-REPORTABLE ACCIDENT. STATE FARM INS. CO. TOTALED AUTO.			
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.			