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 ☐
08-SEP-2014	Reference No. 10631552
OCT 09 2014	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address NOEMAIL@UNK.GOV
Address	[redacted]	Evening Telephone Number	
City PALM COAST	State FL	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	Make	Model	Model Year
2HNYD18612H[redacted]	ACURA	MDX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
3-16-2011	LEXUS of JACKSONVILLE - 904-721-5000			6CYL.	PREMIUM
Original Owner ☐	Dealer's City JACKSONVILLE	State FL	Zip Code 32225		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☒ Antilock Brakes ☒ Cruise Control			04-AUG-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY; 220000 SEATS	Failure Mileage	Failure Speed
	102000	

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: 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	0	0	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 2002 ACURA MDX. THE CONTACT STATED THAT THE LATCH FOR THE REAR PASSENGER SIDE SEAT WAS NOT WORKING PROPERLY. THE CONTACT WAS NOT ABLE TO ADJUST THE SEAT BACK UPON MANEUVERING THE LATCH. THE DEALER STATED THAT THE HOSE AND THE WIRES CONNECTED TO THE LATCH FRACTURED AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 102,000.

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