

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 09-FEB-2016 APR 01 2016	Repository ☐ Reference No. 10825145
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
MINNEAPOLIS		MN			
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
5J8TB4H51EL			ACURA	RDX	2014
Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City		State	Zip Code	
Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s) 01-FEB-2016
	☐ Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 022000 SUSPENSION: REAR, 100000 POWER TRAIN, 162000 STRUCTURE: BODY				Failure Mileage 41253	Failure Speed
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	Number of Deaths	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; ie, parts repaired or replaced (and if old part is available).					
TL* THE CONTACT OWNS A 2014 ACURA RDX. THE CONTACT HEARD AN ABNORMAL NOISE IN THE REAR OF THE VEHICLE WHILE DRIVING OVER DIVETS. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE REAR SHOCK ABSORBERS WERE DEFECTIVE AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 41,253.					
<i>This information is accurate and the rear shocks are failing on all 2014 ACURA RDX vehicles. They need a safety recall.</i>					
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.					