

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		Date Received 28-OCT-2016 MAY 31 2011	Repository <input type="checkbox"/> Reference No. 10919853
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address			
City	State	Zip Code	Evening Telephone Number
YUBA CITY	CA		
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
5FRYD3H43G		ACURA	MDX
Model Year		Engine:	Fuel Type:
2016		No. Cylinders	
Date Purchased	Dealer's Name and Telephone Number		State
			Zip Code
Original Owner	Dealer's City		
<input type="checkbox"/>			
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			04-OCT-2016
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 030000-BRAKES (ABS)		Failure Mileage	Failure Speed
		5000	
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: DOTM1A9ABC036)	<input type="checkbox"/> Original Equipment	<input type="checkbox"/> Prior Repair	Failure Location(s)
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 2016 ACURA MDX. WHILE PARKING THE VEHICLE AND APPLYING THE BRAKE PEDAL, THE VEHICLE CONTINUED TO MOVE FORWARD. THE CONTACT SHIFTED THE VEHICLE INTO REVERSE AND THE VEHICLE ROLLED BACKWARDS OUT OF THE GARAGE WHILE THE BRAKE PEDAL WAS STILL BEING DEPRESSED. THE CONTACT COULD NOT STOP THE VEHICLE. THE VEHICLE MOVED INTO THE STREET UNTIL THE CONTACT PRESSED THE START/STOP IGNITION BUTTON WHILE STILL APPLYING THE BRAKES. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE VEHICLE WAS TOWED TO THE DEALER WHERE THE ISSUE COULD NOT BE DUPLICATED! THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE FAILURE MILEAGE WAS 5,000.			
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.			