



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

21-DEC-2018

Reference No.

MAY 07 2019

11162964

OWNER INFORMATION (Type or Print)

Name
 Address
 City SHERMAN OAKS State CA Zip Code
 Daytime Telephone Number
 Evening Telephone Number
 E-mail Address

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: 19UDE2F78J
 Make ACURA Model ILX Model Year 2018
 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) 18-DEC-2018
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Failure Mileage 350 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 Failure Location:
 Prior Repair
 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; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 2018 ACURA ILX. THE CONTACT STATED THAT THE FUEL GAUGE SHOWED THAT THE FUEL TANK WAS FULL; HOWEVER, THE VEHICLE RAN OUT OF FUEL. THE VEHICLE WAS TAKEN TO CENTER ACURA (5230 VAN NUYS BLVD, SHERMAN OAKS, CA 91401, 818-528-1300) WHERE IT WAS DIAGNOSED THAT THE FUEL TANK FAILED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 350.

GAS tank WAS replaced ~~twice~~
 2 Times by Acura. Works Fine now

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.