

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

RECEIVED SEP 1 2022

National Highway  
Traffic Safety  
Administration

1-888-DASH-2-DU1  
(1-888-327-4236)  
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received 19-AUG-2022	Repository <input type="checkbox"/>
	Reference No. 11480177

**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]			Daytime Telephone Number	[REDACTED]	Email Address	[REDACTED]
Address	[REDACTED]						
City	Holden Beach	State	NC	ZIP Code	[REDACTED]		
				Evening Telephone Number	[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 5J8TC1H30L [REDACTED]		MAKE ACURA	Model RDX	Model Year 2020
Date Purchased <i>LEASED</i>	Dealer's Name and Telephone Number		Engine: 2 No: Cylinders 4	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City Columbia	STATE NC	ZIP Code 29203	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Multiple Failure:	Incident Date(s) 06-AUG-2022

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Components Codes: 060000 ENGINE (PWS)	Failure Mileage 18986.0	Failure Speed 70
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**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: DOTMAL 9ABC036)	<input type="checkbox"/> Original Requirement <input type="checkbox"/> 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), Injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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**Narrative Description of Incident(s), Crash(es), 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).

The contact owns a 2020 Acura RDX. The contact stated that while driving at approximately 70 MPH, the vehicle went into limp mode and experienced unintended deceleration to 5 MPH with the check engine warning light illuminated. The vehicle was towed to the dealer; however, the dealer was unable to duplicate the failure. The vehicle was not repaired. The manufacturer was made aware of the failure. The failure mileage was 18,986.

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.