Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 241

Date Received: 05-FEB-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 8003572

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Location of body and chassis numbers)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
19UYA2251VL008667	ACURA	3.0CL	1997	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12310000	INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	23-JAN-2002		
	Mileage at Failure(s 60000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DRIVER'S SEAT COMPLETELY COLLAPSED DURING A REAR END COLLISION. DEALER / MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

Form Approved O.M.B. No. 2127-0038

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received: 05-FEB-2002

OFFICE OF DEFECTS INVESTIGATION

Od_pr ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 8003572

OWNER INFORMATION (Type or Print)

[redacted]

Work Number
Home Number [redacted]

Do you authori[redacted] ☒ YES ☐ NO
In the absence [redacted] manufacturer.
Signature of Owner [redacted] Date 02/5/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
19UYA2251VL008667	ACURA	3.0CL	1997	62,000

Purchase Date
☒ New ☐ Used

Dealer's Name Riddle Acura
City Chesapeake State VA Zip Code 23320

Engine Size (CID/CC/L) 3.0L
No Cylinders 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☒ Driverside Airbag ☒ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Uti ☐ Truck ☐ Motorcycle	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12310000
Part Name(s): INTERIOR SYSTEMS:SEAT TR[redacted] BACK PIVOT GEAR
SEAT BACK at Pivot point
Location: ☒ Left ☐ Right ☒ Front ☐ Rear
Failed Part(s): ☒ Original ☐ Replacement

No of Failures
Date(s) of Failure(s): 23-JAN-2002
Mileage at Failure(s): 60000
Vehicle Speed at Failure(s): 5-10 mph
Failed Part(s): ☒ Yes ☐ No
NHTSA Previously ?: ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

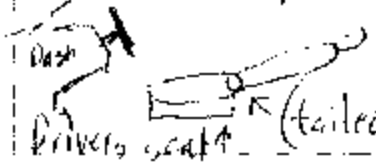
(Please describe in detail the incident(s), Failure(s) Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☐ No	1	0	over 20,000	☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DRIVER'S SEAT COMPLETELY COLLAPSED DURING A REAR END COLLISION. DEALER / MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. AK

① Rear Initial impact was from a pickup truck going approx. 45 mph.
② DRIVER sustained Neck & Back injuries as well as bruised shins (knee to feet) from impact with underside of dash.



If seat is raised, it now falls back to the flat position.

CONTINUE ON BACK IF NEEDED