



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 1039

Date Received

06-MAR-2002

Od_or

rt_dt

od_rt

ip_lr

Reference No.

8005084

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 at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
28NYC186218529656		ACURA	MDX	2001	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ 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 Utl ☐ Truck ☐ Motorcycle
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 19-FEB-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 10		
	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 ☒ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
--	--	--------------------------------	----------------------	--------------------------	--

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

WHILE DRIVING 55 MPH HIT A CENTER DIVIDER OF HIGHWAY, AND AIRBAGS DIDNOT DEPLOY. DRIVER INJURED WITH FRONTAL IMPACT.ACURA CONTACTED. *AK

COPIES OF REPORTS - FREE -

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1039 Date Received <u>02 APR 17</u> 06-MAR-2002 DEFECTS INVESTIGATION OFFICE Reference No. <u>8005084</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print)			
		741938	
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 <u>1/1</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of dashboard on driver's side) <u>2HNYD18621A32967C</u> <u>28NYC18621B529656</u>		Vehicle Make ACURA	Vehicle Model MDX
		Vehicle Year 2001	Current Odometer Reading <u>10,800</u>
Purchase Date <u>6/12/01</u> ☒ New ☐ Used	Dealer's Name <u>CARRY ACURA</u> City <u>West Central</u> State <u>NY</u> Zip Code <u>10583</u>		Engine Size (CID/CC/L) _____ No. Cylinders <u>6</u> ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☐ Rear ☒ 4-Wheel		Vehicle Type ☐ Car ☒ Sport Utility Vehicle ☐ Van ☐ Truck ☐ Motorcycle ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☒ 4-Door ☐ Station Wagon ☐ Pick Up Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT		Location ☒ Left Front ☐ Right Rear
		Failed Part(s) ☒ Original Replacement	
No. of Failures	Date(s) of Failure(s) <u>19-FEB-2002</u> Mileage at Failure(s) <u>10</u> Vehicle Speed at Failure(s) <u>45</u>		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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>1</u>	Number of Fatalities _____ Estimated Property Damage <u>\$14,000.00</u>
		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING 55 MPH HIT A CENTER DIVIDER OF HIGHWAY, AND AIRBAGS DIDNOT DEPLOY. DRIVER INJURED WITH FRONTAL IMPACT. ACURA CONTACTED. *AK <u>X-RAY RESULT SHOWED FRACTURED STERNUM</u>			

CONTINUE ON BACK IF NEEDED

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.