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 798

Date Received: 22-APR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8008187

[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 VIN and how to find it)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
19UUA56822A002260	ACURA	TL	2002	

Purchase Dat: ☒ New ☐ Used

Dealer's Name_____ City_____ State_____ Zip Code_____

Engine Size (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)
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	16-APR-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s) 13600		
	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)

TRANSMISSION WILL START TO SLIP OUT OF GEAR, STARTING FROM 2 TO 5TH. CONTACTED DEALER, AND THE DEALER WAS NOT WILLING TO DO ANYTHING.*AK

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0008

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 1998

Date Received: 22-APR-2002
OFFICE OF DEFECTS INVESTIGATION

Od_dr
rt_dt
od_rt
up_ltr

Reference No. 8008187

OWNER INFORMATION (Type or Print)

[redacted] 749552

[redacted] MARIOTTA GA [redacted]

Work Number
Home Number [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 [redacted] Date 6/2/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
19UUA56822A002260	ACURA	TL	2002	15,400

Purchase Date: April 2001
☒ New ☐ Used

Dealer's Name: Ed Voyles Acura
City: Atlanta State: GA Zip Code:

Engine Siz (CID/CC/L): 3.2
No Cylinders: 6

☐ 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 Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
1	16-APR-2002 / 13600 /	☑ Yes ☐ No	☐ 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				☐ Yes ☑ No

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

TRANSMISSION WILL START TO SLIP OUT OF GEAR, STARTING FROM 2 TO 5TH. CONTACTED DEALER, ~~AND THE DEALER WAS NOT WILLING TO DO ANYTHING~~ AK WHO TOLD ME TO BRING CAR IN. DEALER CHECKED OUT TRANSMISSION AND TOLD ME IT HAD TO BE REPLACED. AFTER GIVING ME A 21 DAY ESTIMATE FOR REPAIRS, WORK WAS COMPLETED IN 6 DAYS. A REBUILT TRANSMISSION WAS PUT INTO MY CAR.

CONTINUE ON BACK IF NEEDED