

U.S. Department  
of TransportationNational 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

22-JUN-2000

|        |       |
|--------|-------|
| Od_or  | _____ |
| rt_dt  | _____ |
| od_rt  | _____ |
| up_ltr | _____ |

Reference No.

864018

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.)<br><small>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 19UVA2256XL002236  | ACURA        | CL            | 1999         |                          |

|   |                                       |                                |  |
|---|---------------------------------------|--------------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size<br>(CID/CCL) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____            |  |

|  |  |   |  |   |  |  |
|--|--|---|--|---|--|--|
| Transmission Type  | Antilock Brakes  | Restraint System  | Cruise Control   | Drive Train   | Vehicle Type   | Body Style   |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inflation Bell<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |  |  |   |
|-----------------------|--|--|---|
| Component<br>07300000 | Part Name(s)<br>POWER TRAIN: TRANSMISSION: AUTOMATIC | Location   | Failed Part(s)  |
|                       |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |

|                 |                                   |  |  |
|-----------------|-----------------------------------|--|--|
| No. of Failures | Date(s) of Failure(s) 10-AUG-1999 | Failed Part(s) Available?                                | NHTSA Previously Contacted?                              |
|                 | Mileage at Failure(s) 35000       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 Fatalities | Estimated Property Damage | Reported to Police  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |                      |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

TRANSMISSION FAILED TO OPERATE TWICE WITHIN A MONTH. ALSO, THERE WAS A PROBLEM WITH INOPERATIVE GEAR SHIFT DUE TO WATER ON THE HORN. VEHICLE HAS BEEN TO DEALER'S REPAIR SHOP ON SEVERAL OCCASIONS, AND PROBLEM STILL REOCCURRING. FEEL FREE TO PROVIDE FURTHER DETAILS. \*AK

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.



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Date Received

00 JUL 21 AM 10:  
22 JUN 2000

OFFICE

EFFECTS INVESTIGATION

Od\_of

rt\_at

od\_rt

up\_tr

Reference No.

864018

Work Number

Home

## OWNER INFORMATION (Type or Print)

615311

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorized representative, you must provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 7/18/00

## VEHICLE INFORMATION

|  |  |  |  |   |
|--|--|--|--|---|
| Vehicle Ident. No. (VIN)<br><small>(Located at bottom of windshield on driver's side)</small>                                      | Vehicle Make   | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |
| 19UVA2256XL002236  | ACURA  | CL   | 1999   | 34,000  |
| Purchase Date  | Dealer's Name  | Engine Size (CID/CC/L)   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |   |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used  | City, State, Zip Code  | No. Cylinders  |  |   |
| Transmission Type  | Antilock Brakes  | Restraint System   | Cruise Control   | Drive Train   |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
| Vehicle Type   |  | Body Style   |  |   |
| <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |  | <input checked="" type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other                             |  |   |

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

|                       |  |  |   |
|-----------------------|--|--|---|
| Component<br>07300900 | Part Name(s)<br>POWER TRAIN: TRANSMISSION: AUTOMATIC | Location   | Failed Part(s)  |
|                       |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s)<br>15-AUG-1999                 | Failed Part(s) Available?  | NHTSA Previously Contacted?   |
|                       | Mileage at Failure(s)<br>35000                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Fatalities | Estimated Property Damage | Reported to Police  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |                      |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

TRANSMISSION FAILED TO OPERATE TWICE WITHIN A MONTH. ALSO, THERE WAS A PROBLEM WITH INOPERATIVE GEAR SHIFT DUE TO WATER ON THE HORN. VEHICLE HAS BEEN TO DEALER'S REPAIR SHOP ON SEVERAL OCCASIONS, AND PROBLEM STILL REOCCURRING. FEEL FREE TO PROVIDE FURTHER DETAILS. \*AK

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