



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 335

Data Received 11-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 870197	

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) <small>(Listed at front of windshield or driver's side)</small> JH4KA22647HC80181	Vehicle Make ACURA	Vehicle Model LEGEND	Vehicle Year 1987	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Par. Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 01-JUL-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 76000		
	Vehicle Speed at Failure(s) 0		

APPLICATION INCIDENT INFORMATION

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


Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS IN PARK. CONSUMER PUT VEHICLE IN PARK AND VEHICLE TOOK OFF THROUGH TWO YARDS WITHOUT TOUCHING THE GAS PEDAL.*AK

CONTINUED ON BACK (REVERSE)

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335</p> <p>Date Rec'd: 11-SEP-2000</p> <p>Office: DEFECTS INVESTIGATION</p> <p>Reference No.: 87D197</p>													
<p>OWNER INFORMATION (Type or Print)</p> <p>637277</p>				<p>Work Number: [REDACTED]</p> <p>Home Number: [REDACTED]</p>													
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an owner's signature, please print name and address to the vehicle manufacturer.</p> <p>Signature of Owner: [REDACTED] Date: 11/10/00</p>																	
<p>VEHICLE INFORMATION</p> <table border="1"> <tr> <td>VIN</td> <td>Vehicle Make</td> <td>Vehicle Model</td> <td>Vehicle Year</td> <td>Current Odometer Reading</td> </tr> <tr> <td>JH4KA2647HC001819</td> <td>ACURA</td> <td>LEGEND</td> <td>1987</td> <td>124000 Km.</td> </tr> </table>						VIN	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	JH4KA2647HC001819	ACURA	LEGEND	1987	124000 Km.		
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JH4KA2647HC001819	ACURA	LEGEND	1987	124000 Km.													
<p>Purchase Date: <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealers Name: SILVER HILL ACURA</p> <p>City: CALGARY State: ALBERTA CANADA Zip Code: T2H 0J7</p>		<p>Engine Size (CID/CC/L): _____ Turbo <input type="checkbox"/></p> <p>No. Cylinders: 6 Diesel <input type="checkbox"/></p> <p>Fuel Injection: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>													
<p>Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Restraint System: <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>													
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<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>VEHICLE WAS IN PARK. CONSUMER PUT VEHICLE IN PARK AND VEHICLE TOOK OFF THROUGH TWO YARDS WITHOUT TOUCHING THE GAS PEDAL. *AK</p> <p>VEHICLE WAS IN PARK. DRIVER STARTED CAR, PUT FOOT ON BRAKE, PUT GEAR INTO D3, RELEASED BRAKE (MAY HAVE JUST TOUCHED GAS PEDAL), CAR "TOOK OFF" - SUDDEN ACCELERATION. IT CONTINUED ACCELERATING THROUGH RESIDENTIAL YARD (APP 225 FT) THEN SLAMMED INTO A DIRT BANK THAT STOPPED FORWARD PROGRESS.</p>																	
<p>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.</p>																	

(over)

VEHICLE OWNERS QUESTIONNAIRE (VOQ)

RE: 1987 ACURA LEGEND 4 DOOR CAR.

SIRS:

The VIN on the VOQ sent to you on Oct 18/00 was incorrect. The attached photo of that copy shows the correct VIN, which is:

JH4KA2647HC001019. Please adjust your records accordingly.

Thank you


[Redacted Signature]



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FOR AGENCY USE ONLY

335

Date Received

09 OCT 30 AM

11-SEP-2000

OFFICE
DEFECTS INVESTIGATION

Od_or

Od_rl

Od_rl

up_itr

Reference No.

870197

OWNER INFORMATION (Type or Print)

637277

Work Number

Home No.

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

In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner

Date 11/10/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JH4KA22647HC80181	ACURA	LEGEND	1987	194000 Km.

Purchase Date	Dealer's Name	Engine Size (CID/CC)	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	SILVER HILL ACURA		<input type="checkbox"/> Diesel
	CITY CALGARY ALBERTA CANADA	No Cylinders 6	<input checked="" type="checkbox"/> Gas
	State ALBERTA Zip Code T2H 0J1		<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06400000	FUEL THROTTLE LINKAGES AND CONTROL	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
0	01 JUL 2000 - Aug 6, 2000 AK	76000	0	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ONE DR (DRIVER)	0	TOTAL \$6300 TO PROPERTY EST'D \$5000	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE WAS IN PARK. CONSUMER PUT VEHICLE IN ~~PARK~~ ^{gear} AND VEHICLE TOOK OFF THROUGH TWO YARDS WITHOUT TOUCHING THE GAS PEDAL. *AK

VEHICLE WAS IN PARK. DRIVER STARTED CAR, PUT FOOT ON BRAKE, PUT GEAR INTO D3, RELEASED BRAKE (MAY HAVE JUST TOUCHED GAS PEDAL), CAR "TOOK OFF" - SUDDEEN ACCELERATION. IT CONTINUED ACCELERATING THROUGH RESIDENTIAL YARD (APP 25 FT) THEN SLAMMED INTO A DIRT BANK THAT STOPPED FORWARD PROGRESS.

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(over)

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall, or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Car was purchased at Silver Hill Acura, but later serviced at North West Acura due to closer proximity. Acura (Canada) are holding the vehicle but saying nothing. Diamond Company wants to settle but I am afraid to do so as car would no longer belong to me.

The car was in mint condition and had never been touched by anyone but an authorized Acura dealer (the two mentioned). The motor had never been touched except for tune up.

Only one warranty problem occurred (while car was under warranty) and that was the car refused to start. I was advised that a computer card was changed out as the problem was that the first card was set for mid California temperatures and pressures. Car always worked well after this.

The car is presently at "NORTH WEST ACURA" PH 403-239-6677 FAX 403-239-4777

I would appreciate your forwarding this to NADA (ACURA) so we could make contact with proper representative to assist us with car loss etc as it was a clear case of "sudden acceleration".

NB - Acura Canada has not replied to anything on this except for dates from us and obviously from their dealers. Date of accident, Aug 6/00.



Feb 17/00

★ U.S. G.P.O.: 1992 - 623-8677/6000

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

