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 758

Date Received: 29-JUN-2001

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

Reference No.: 891717

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
19UUA5644XA013412	ACURA	3.2TL	1999	

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 Utl ☐ 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
06400000	FUEL:THROTTLE LINKAGES AND CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	26-JUN-2001	36000	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No	1			☐ Yes ☒ No

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

WHILE DRIVING 5 MPH IN PARKING GARAGE ACCELERATOR PEDAL SUDDENLY WENT TO FLOOR, ENGINE REVVED. VEHICLE WENT ABOUT 10 YARDS, WHERE IT HIT FIRST VEHICLE, BOUNCED OFF IT, AND RAN INTO 3 PARKED VEHICLES. DAMAGE TO VEHICLE UNKNOWN AT THIS TIME, DRIVER OF FIRST VEHICLE HAD MINOR INJURIES.*AK

CONTINUED ON NEXT PAGE

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

RECEIVED
01 JUL 24 PM 3:15
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 758

Date Received
25-JUN-2001

Od_or
rl_dt
od_rt
up_ltr

Reference No.
891717

OWNER INFORMATION (Type or Print)

[redacted] 700016

Work Number
Home Numbe [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.) (Located at bottom of driver's side of windshield)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
19UUA5644XA013412	ACURA	3.2TL	1999	

Purchase Date
☒ New ☐ Used

Dealer's Name Bell Acura
City Phoenix State AZ Zip Code 85023

Engine Size (CID/CC/L _____
No Cylinders _____

☐ 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 Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____

Body Style: ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06400000	FUEL:THROTTLE LINKAGES AND CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 26-JUN-2001
Mileage at Failure(s) 36000
Vehicle Speed at Failure(s) 2-5 MPH quick surge

Failed Part(s) Available? ☐ Yes ☐ No

NHTSA Previously Contacted? ☐ 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		☒ Yes ☒ No Military Police

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

WHILE DRIVING 5 MPH IN PARKING GARAGE ACCELERATOR PEDAL SUDDENLY WENT TO FLOOR, ENGINE REVVED. VEHICLE WENT ABOUT 10 YARDS, WHERE IT HIT FIRST VEHICLE, BOUNCED OFF IT, AND RAN INTO 3 PARKED VEHICLES. DAMAGE TO VEHICLE UNKNOWN AT THIS TIME, DRIVER OF FIRST VEHICLE HAD MINOR INJURIES.*AK

CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT, 5 U.S.C. 552(b)(6)

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