



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 241**

Date Received

17-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

894667

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
JH4KA4666KC032167	ACURA	LEGEND	1989			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 _____

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

Component 08510000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 15-MAR-2001 230000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	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 SHUT DOWN WHILE TRAVELING AT HWY SPEED OF 60 MPH. VEHICLE TAKEN TO AN INDEPENDENT REPAIR SHOP AND INFORMED THAT IGNITION SWITCH HAD FAILED AND WAS REPLACED. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER.\*AK

CONTINUE ON 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.

**FOR AGENCY USE ONLY** 241

Date Received: 01 SEP - 6 AM 2001  
 Office: DEFECTS INVESTIGATION  
 Reference No.: 894667

Work Number: [Redacted]  
 Home Number: [Redacted]

**Vehicle Owner's Questionnaire (VOQ)**  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4236

**OWNER INFORMATION (Type or Print)**  
 [Redacted]  
 708939

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 of an owner, the name and address to the vehicle manufacturer. [Redacted]

Signature of Owner: [Redacted]

**VEHICLE INFORMATION**

Vehicle Identification No. (VIN) [Redacted] (located at bottom of windshield)

Vehicle Make: ACURA Vehicle Model: LEGEND Vehicle Year: 1989

Current Odometer Reading: 237,810 mi

**VEHICLE INFORMATION**

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Dealers Name: [Redacted] Purchase Date: [Redacted]

Engine Size (CID/CCL): 2.6 No Cylinders: 6 Fuel Injector:  Gas  Diesel  Turbo

Transmission Type:  Automatic  Manual

Restraint System:  3-Point Belt  2-Point Belt  Motorbelt  Driver Side Airbag  Passenger Side Airbag

Drive Type:  Front  Rear  4-Wheel

Vehicle Type:  Car  Van  Minivan  Other

Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

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

Component: 08910000 Part Name(s): ELECTRICAL SYSTEM:IGNITION:SWITCH

Location:  Left  Right  Front  Rear

Failed Part(s):  Original  Replacement

Failed Part(s):  Yes  No

Previously:  Yes  No

NHTSA:  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)

No. of Failures: 1

Date(s) of Failure(s): 15-MAR-2001

Mileage at Failure(s): 230000

Vehicle Speed at Failure(s): [Redacted]

Crash:  Yes  No

Fire:  Yes  No

Number of Persons Injured: None

Number of Fatalities: None

Estimated Property Damage: None

Reported to Police:  Yes  No

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

VEHICLE SHUT DOWN WHILE TRAVELING AT HWY SPEED OF 60 MPH, VEHICLE TAKEN TO AN INDEPENDENT REPAIR SHOP AND INFORMED THAT IGNITION SWITCH HAD FAILED AND WAS REPLACED, FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. AK

The shift down was on the on/off of the name of the fire (way going south on I-5 near Scott's Terrace and airport, probably the vehicle started again it was able to enter traffic and get off property. However, upon leaving vehicle it failed two more times, but was able to drive to an independent repair shop. I don't have the date of repair.

CONTINUE ON BACK IF NEEDED

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*The wife was driving at the time the independent shop was called. I have files from that shop.*