



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

**DOT Auto Safety Hotline  
Vehicle Owner's Questionnaire  
TO REPORT VEHICLE SAFETY DEFECTS**  
1-888-DASH-2-DOT  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY**

Date Received

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_itr \_\_\_\_\_

Reference No.

OFFICE DEFECTS INVESTIGATION

Daytime Telephone Number

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Street \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City Little Valley State N.Y. Zip Code \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
in the absence of the manufacturer's address to the vehicle manufacturer.

Signature of \_\_\_\_\_ Date 12/17/02

**PRODUCT INFORMATION**

Vehicle Identification No. (VIN.) (Located at bottom of windshield on driver's side) <u>KMHC G45C12U335164</u>				Make <u>Hyundai</u>	Model <u>Accent GL</u>	Year <u>2002</u>
Purchased Date <u>12-12-02</u>	Dealer's Name <u>Towne Automotive Group</u>			Engine Size (CID/CC/L) <u>1.6</u>	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>Orchard Park</u>	State <u>N.Y.</u>	Zip Code <u>14127-1966</u>	No. Cylinders <u>4</u>	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Other

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

Part Name(s)	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	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of incident(s), failure(s), crash(es), and injury(ies).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-955-7892

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Defective dimmer switch for head lights. The lights go on & off high beam & low beam shuts off when going over a slight bump in the road leaving me in the dark on the highway while driving.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



Complete and return or place in your car manual for future use

**VEHICLE  
OWNER'S  
QUESTIONNAIRE  
(VOC)**



**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

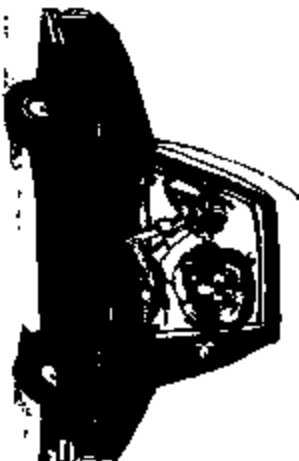
**DASH 2 DOT**

and dial toll free at

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**1-888-327-4236**

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