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

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

RECEIVED
03 FEB 26 AM 5 04
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 335

Date Received | Repository ☐

Reference No. 10006288

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City ROCKFORD | State IL | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 2/17/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KMHWF35V7XA045645	HYUNDAI	SONATA	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
12/23/98					
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control	Powertrain	140000 AIR BAGS ALSO, AIR BAGS: FRONTAL

Multiple Failure: air bag system warning prior to accident, needed replacement in accident

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11/7/02	49961	35 mph estimate	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		YES

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

CONSUMER LOSS CONTROL AND HIT A SOLID BARRIER. NONE OF THE AIRBAGS DEPLOYED. DRIVER SUSTAINED A HEAD INJURY AS A RESULT. PLEASE PROVIDE ANY FURTHER INFORMATION. PH manufacturer was contacted and performed own investigation. Air bag warning indicator light had been on three times over car's life, twice in four months prior to accident. Different components replaced each time to remedy. Manufacturer's system check after accident indicated system operating normally.
Car was a total loss.
A petition to the Administrator to decide on a hearing will be submitted (49CFR557). The petition will include correspondence with manufacturer, fire department report of accident severity, and reference to other NHTSA complaints.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY