



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

FOR AGENCY USE ONLY 100147

Date Received: 2003 JUL 18 PM 3:03
18-MAY-2003
Repository
Reference No. 10020051

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: VERONA State: NY Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address:
Evening Telephone Number:

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of a signature, please print the name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 7/18/03

VEHICLE INFORMATION

Make: HYUNDAI Model: ACCENT Model Year: 1996

Date Purchased: 9/63/99 Dealer's Name and Telephone Number: WAHERS CHEVROLET 315-245-1160
Original Owner Dealer's City: CAMDEN State: N.Y. Zip Code: 17316 Engine No: Cylinders: 4 Fuel Type: GAS

Transmission Type: Auto Antilock Brakes Powertrain: Cruise Control
Vehicle Component Code: 021530 SUSPENSION:FRONT:CONTROL ARM:LOWER ARM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-APR-2003 Failure Mileage: 109265 Failure Speed: SEE ATTACHED BILL AND PHOTO

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/85R15):
DOT No. (Example: DOTMALBABC036): 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).)

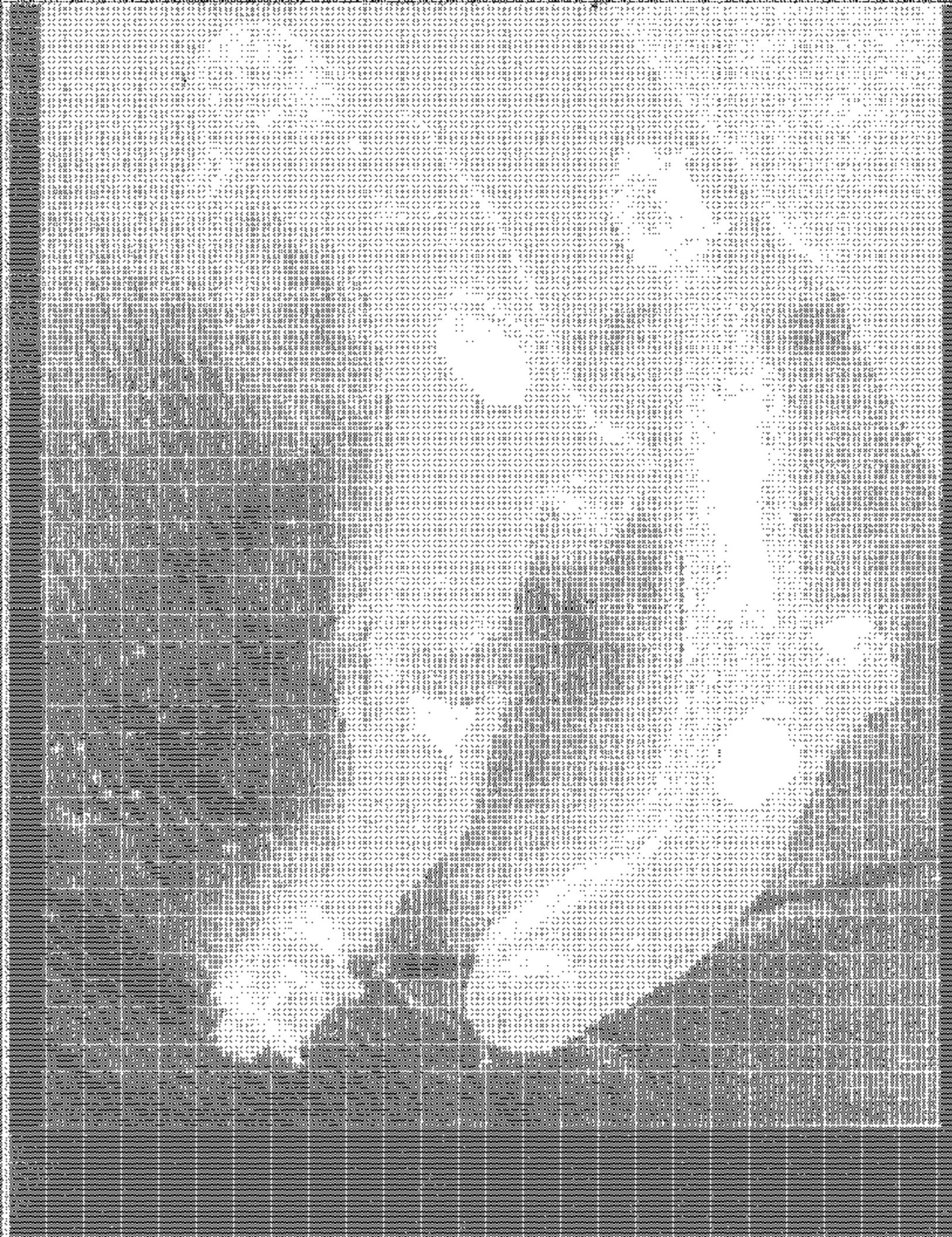
Crash: Yes No Fire: Yes No
Number of Persons Injured: Number of Deaths: Reported to Police: N

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).

THE LOWER CONTROL ARM FAILED WHEN THE DRIVER TRIED TO TURN THE STEERING WHEEL. *NLM

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

The Privacy Act of 1974 (Public Law 93-502) 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.



**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**