



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 335

Date Received **2003 JUN 27 PM 12:23** Repository

Reference No.
10022036

OWNER INFORMATION (Type or Print)

Name **[REDACTED]** Daytime Telephone Number **[REDACTED]** E-mail Address **[REDACTED]**
Address **[REDACTED]**
City **SMITHTOWN** State **NY** Zip Code **[REDACTED]** Evening Telephone Number **[REDACTED]**

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 _____ Date **6/27/03**

VEHICLE INFORMATION

Make **HYUNDAI** Model **ELANTRA** Model Year **1999**
Date Purchased **April 1999** Dealer's Name and Telephone Number **Atlantic Hyundai** Engine: **4** Fuel Type: **GAS**
Original Owner Dealer's City **Central Islip** State **NY** Zip Code **[REDACTED]**
Transmission Type **Auto** Antilock Brakes **Automatic** Powertrain **Automatic** Vehicle Component Code **062200 ENGINE AND ENGINE COOLING; COOLING SYSTEM; FAN**
 Cruise Control Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **5/16/03** Failure Mileage **90000** Failure Speed **45 mph**

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: DOTM1A9ABC036) 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 **1** Number of Deaths **0** Reported to Police **Y**

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:
Is, parts repaired or replaced (and if old part is available).

WHILE DRIVING ANOTHER VEHICLE IT HIT CONSUMER IN THE REAR, CAUSING HER TO LOSE CONTROL OF VEHICLE AND HIT A TREE. THEN, VEHICLE CAUGHT ON FIRE AND WAS TOTALED. *AK

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

This Privacy Act of 1974-Public Law 93-502 This information is requested pursuant to authority created 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 substantial portion thereof, may be used in support of the agency's action.

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

Car was hit rear by a hit and run driver, my car was pushed off the road and my head hit the steering column. I was knocked unconscious and the injuries I sustained were bad. They consisted of a broken jaw both sides, severe muscle tears on left side surgery required. Car hit tree and burst into flames. Approximately 5 minutes after the police pulled me out of the car the car exploded

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, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.gov>

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 Local Calling
 82-2431
 OCT 15 6:55

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)
 DMV COPY

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1 Accident Date: Month 5, Day 16, Year 03. Day of Week: TUE. Military Time: 0149. No. of Vehicles: 2. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: . Accident Reconstructed: . Laid Scene: . Police Photos: Yes No.

2 VEHICLE 1: Driver License ID Number [redacted], State of Lic. NY, Driver Name [redacted], Address [redacted], City/Town: SMITHTOWN, State NY, Zip Code [redacted]. VEHICLE 2: Driver License ID Number [redacted], State of Lic. X, Driver Name [redacted], Address [redacted], City/Town [redacted], State X, Zip Code [redacted].

3 Driver Information: Sex M, Unlicensed , No. of Occupants [redacted], Public Property Damaged . Date of Birth [redacted]. Name: [redacted]. Sex F, Date of Birth [redacted]. Name: [redacted]. Sex X, Date of Birth [redacted].

4 Registration: State of Reg. NY, Vehicle Year & Make 1999 HYUNDAI, Vehicle Type 4AS, Ins. Code 484. State of Reg. X, Vehicle Year & Make X, Vehicle Type X, Ins. Code X.

5 VEHICLE DAMAGE CODES: VEHICLE 1: Box 1 - Point of Impact 1, Box 2 - Most Damage 2. VEHICLE 2: Box 1 - Point of Impact 1, Box 2 - Most Damage 2. ACCIDENT DIAGRAM: V1, V2, Right Turn, Left Turn, Rear End, Overlapping, Heel On, Skidways.

6 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED. 15. TRAILER 18. NO DAMAGE. 16. OVERTURNED 19. OTHER. Cost of repairs to any one vehicle will be more than \$1000. Yes No.

7 Place Where Accident Occurred: County SUFFERLICK, City/Village/Town of SMITHTOWN. Road on which accident occurred: ADDRESS RD, E1B. at 1) intersecting street: AEW HIGHWAY. or 2) _____.

8 Accident Description/Officer's Notes: OP V-1 TRAVELING E1B ON ADDRESS RD. A UNKNOWN VEH STRIKES V-1 IN THE REAR. V-1 ENDS THE ROADWAY AND STRIKES A TREE ERUPTING INTO FLAMES. THE UNKNOWN VEH FLED THE SCENE. OP V-1 WAS UNABLE TO GIVE A DESCRIPTION OF UNKNOWN VEH AND THERE WERE NO WITNESSES TO THE ACCIDENT.

OFFICER	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
A	1	1	4	1	SD	M	1	9	6	99	3	5134												
B																								
C																								
D																								
E																								
F																								

9 Officer's Rank and Signature: [redacted]. Badge/ID No. [redacted]. NCIC No. [redacted]. Precinct/Post/Troop/Zone: 6211. Station/Beat/Sector: [redacted]. Date/Time Reported: 05/15/03. Date/Time Reviewed: [redacted].