



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 SEP 15 PM 2:10  
Repository:   
Reference No.: 10029625

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: HOUSTON State: TX Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address: [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 authorized name or address to the vehicle manufacturer, Signature of Owner: [Redacted] Date: 8/31/03

VEHICLE INFORMATION

Make: HYUNDAI Model: SONATA Model Year: 2000  
Date Purchased: 3-3-03 Dealer's Name and Telephone Number: UVALDE MOTORS  
Original Owner:  Dealer's City: Houston State: TX Zip Code: 77044  
Engine: No. Cylinders: 6 Fuel Type: Unleaded  
Transmission Type:  Automatic Brakes:  Powertrain: [Redacted]  
Vehicle Component Code: 14000 AIR BAGS  
Multiple Failure: 2 AIR BAGS

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 5-5-03 Failure Mileage: 28000 Failure Speed: 55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Radial Tire Model (Name or Number): Viper Tire Size (Example P215/55R15): 175 R14  
DOT No. (Example: DOTM1ABC036):  Original Equipment  Prior Repair Failure Location: AIR BAG  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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: 5 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, i.e., parts repaired or replaced (and if old part is available).

WHILE TRAVELING AT 55 TO 60 MPH CONSUMER HIT AN ANIMAL THAT HAD STOPPED IN THE ROAD, AND NONE OF THE AIRBAGS DEPLOYED.  
\*AK

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

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

5/30/03 Jm

PLACE WHERE ACCIDENT OCCURRED  
 COUNTY **WALKER** CITY OR TOWN \_\_\_\_\_  
 IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE FROM NEAREST TOWN: **4.8** MILES  N  E  W  OF **HUNTSVILLE** CITY OR TOWN

ROAD ON WHICH ACCIDENT OCCURRED: **SH 19** COUNTY:  YES SPEED  NO LIMIT **65**  
 INTERSECTING STREET OR HWY STATE NUMBER: \_\_\_\_\_ COUNTY:  YES SPEED  NO LIMIT \_\_\_\_\_  
 MILE AT INTERSECTION: **0.8**  FT.  M.  N  E  W  OF **MP 426** **426**

DATE OF ACCIDENT: **MAY 21, 2003** DAY OF WEEK: **WEDNESDAY** HOUR: **10:25 PM**  A.M.  P.M. (IF EMPLOYER REQUESTS)

UNIT NO. **1** - MOTOR VEHICLE VEH IDENT NO: **KMHWF35V4YA** IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY: **N/A**

YEAR MODEL: **2000** COLOR & MAKE: **WHITE/HYUNDAI** MODEL NAME: **SONATA** BODY STYLE: **4-DOOR** LICENSE PLATE: \_\_\_\_\_  
 DRIVER'S NAME: \_\_\_\_\_ HOUSTON, TX PHONE NUMBER: \_\_\_\_\_  
 DRIVER'S LICENSE: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: **B** SEX: **M** OCCUPATION: **SALESMAN**

SPECIMEN TAKEN (ALCOHOLIC ANALYSIS): 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED **4** ALCOHOLIC RESULT: **N/A** POLICE OFFICER, EMS DRIVER, FIRE FIGHTER OR EMERGENCY?  YES  NO

LIABILITY:  SAME AS DRIVER (NAME ALWAYS SHOW, LICENSE IF LEASED, OR OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_  
 INSURANCE: YES  NO  NONE POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATIO: **12FD-4**

UNIT NO. \_\_\_\_\_ MOTOR VEHICLE  TRAM  PEDESTRIAN  OTHER  VEH IDENT NO: \_\_\_\_\_ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY: \_\_\_\_\_

YEAR MODEL: \_\_\_\_\_ COLOR & MAKE: \_\_\_\_\_ MODEL NAME: \_\_\_\_\_ BODY STYLE: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_  
 DRIVER'S NAME: \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 DRIVER'S LICENSE: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SPECIMEN TAKEN (ALCOHOLIC ANALYSIS): 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED  ALCOHOLIC RESULT: \_\_\_\_\_ POLICE OFFICER, EMS DRIVER, FIRE FIGHTER OR EMERGENCY?  YES  NO

LIABILITY: YES  NO  NAME (ALWAYS SHOW, LICENSE IF LEASED, OR OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_  
 INSURANCE: YES  NO  POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATIO: \_\_\_\_\_

DAMAGE TO PROPERTY OTHER THAN VEHICLE: **HORSE** UNKNOWN MAKE AND ADDRESS OF OWNER: \_\_\_\_\_ N/A \$ **1,000.00** REPAIR FROM CURB DAMAGE ESTIMATE

LIGHT CONDITION: **3** WEATHER: **1** SURFACE: **1** TYPE ROAD: **1** DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)

1-DIMLY 2-DARK 3-DARK-NOT LIGHTED 4-DARK-LIMITED 5-NO LIGHT  
 1-CLEAR 2-DRIZZLE 3-RAIN 4-ICE 5-HEAVY DUST  
 1-NEW 2-PAVED 3-GRASS 4-SHELL 5-DIRT 6-OTHER  
 1-ASPHALT 2-CONCRETE 3-GRASS 4-SHELL 5-DIRT 6-OTHER

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGE FILED: NAME: **NONE** CHARGE: \_\_\_\_\_ CITATION NUMBER: \_\_\_\_\_  
 NAME: \_\_\_\_\_ CHARGE: \_\_\_\_\_ CITATION NUMBER: \_\_\_\_\_

TIME NOTIFIED OF ACCIDENT: **05/21/03 10:30 PM** HOW: **WCSO** TIME ARRIVED AT SCENE OF ACCIDENT: **05/21/03 10:56 PM**

TYPED OR PRINTED NAME OF INVESTIGATOR: \_\_\_\_\_ DATE REPORT MADE: **05/21/03** IS REPORT COMPLETE? YES  NO   
 SIGNATURE OF INVESTIGATOR: \_\_\_\_\_ DEPARTMENT: **THP/DPS** DISCIPLINE: **2003**



