



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 100184

Date Received: 2004 APR 28 OCT 2003
Repository:
Reference No.: 10046028

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PHILADELPHIA State: PA Zip Code: [Redacted]

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

Do you authorize the DOT to release this information to the manufacturer of your vehicle?
In the absence of a signature, you are authorizing the DOT to release this information to the manufacturer.
Signature of Owner: [Redacted] Date: 3/17/04 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **KMHWF35H73A825939**
Make: HYUNDAI Model: SONATA Model Year: 2003
Date Purchased: 4/21/03 Dealer's Name and Telephone Number: BURNS HYUNDAI (609) 983-1115
Original Owner: Dealer's City: MARLTON State: NJ Zip Code: 08053 Engine: 6 Fuel Type: GAS
Transmission Type: AUTO Antilock Brakes: Powertrain: [Redacted] Vehicle Component Code: 033100 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:VACUUM
 Cruise Control Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-MAR-2003 Failure Mileage: 200 Failure Speed: APR 10-15PM

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/66R16): [Redacted]
DOT No. (Example DOTM19ABC036): [Redacted] Original Equipment: Prior Repair: Failure Location: [Redacted]
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: 0 Number of Deaths: 0 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).

AT A STOP LIGHT WHEN CONSUMER PUT FOOT ON THE BRAKES BRAKE PEDAL WENT TO THE FLOOR, AND THERE WERE NO BRAKES. THIS OCCURRED AT LEAST FOUR TIMES. THE FIRST TIME WHEN THIS HAPPENED VEHICLE HAD LESS THAN 200 MILES ON IT. DEALER INFORMED THE CONSUMER THAT THERE WAS LOSS OF VACUUM TO THE POWER BOOSTER. THE CAUSE WAS A BLOCKAGE IN THE VACUUM HOSE. THE MANUFACTURER WAS INFORMED OF THE PROBLEM. *AK

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

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



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

Date Received

Od_or _____
rt_ct _____
od_rt _____
up_jr _____

Reference No.

OWNER INFORMATION (Type or Print)

Name

Apt. No.

City PHILADELPHIA

State PA

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of _____ provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 3/31/04

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) KMHWF35H73A825939	Make HYUNDAI	Model SONATA	Year 2003
Purchased Date 4/21/03	Dealer's Name BURNS HYUNDAI	Engine Size (Cil./CCL.)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City MARTON	State NJ	Zip Code 08853
Manufacture Date (on driver's door or pillar) JAN1503	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint Systems <input checked="" type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Nightstick <input checked="" type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) BRAKE SYS	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------	---	--	---

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name		
Complete Tire Size	DOT No.		
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---

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

Continue on back.

The Privacy Act of 1974 - Public Law 93-578 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.

BURNS PRINTING
RT 90
HARTON, NJ 08053

75 MINUTES OR LESS GUARANTEED, OR THE
NEXT ONE'S FREE

DATE: 11/11/18

STOCK NO. AMHWP35H73A825739

SALE 713 ZLAPROS 03150385

CUSTOMER PAY
 RYAN
 CHECK
 GE WARRN
 OTHER

TOTAL \$ 1003.00

TRUCK NO. 1003 FILE NO. 1035

SALESMAN Auth EA 8018

METHOD OF PAYMENT CASH
 SELLING DEALER 103-091
 WARRANTY EXPRESS

TOOK TO ELIAS FROM Hyundai Tech line
He said to perform all parts are new unless specified
Check Brake switch Adjustment & Flush Brake Fr system
Case #
Install ABS Control Unit as per stan
AS PER STD SWAP OUT HECU OR MASTER Cyl-

FOREMAN'S SIGNATURE 

DEDUCTIBLE	
CLAIM #	
DATE AUTH.	
CLAIMS REP.	
TOTAL AUTH.	
RENTAL	
PER DA	
SUBLET	DATE COMPLETED
P.O.#	MILEAGE OUT <u>1038</u>
TOWING	PARKING SPOT # <u>103</u>
MISC.	LOCATION OF WHEEL LOCK KEY

1st

ID	SP 1	C. Cost States They are loosing Brakes & Then Pedal Goes Rock Hard	ON JUN 04 14.4 OFF JUN 04 15.6
NDER ASSY	DS 1 2421 1025	C. Found Master cyl with Internal Seal leak & Found ABS control unit with Internal Valving Problem CAUSING Pedal To Sink to the Floor.	ON JUN 04 15.6 OFF JUN 04 16.6
D	DS 1	C. Spoke to Elias & Stan from tech line on case # 124913. Elias told me to Flush Brake system & Check Brake switch Adjustment. Checked switch Adjustment and found no problem. Flush Brake system & did not fix problem.	ON JUN 06 18.4 ON OFF
C	CAUSE CORRECTION	STAN from Tech line had unplug ABS unit perform that test still no change. Then he had me replace master cyl & Reflush system problem got better but still had low pedal.	ON OFF
D	CAUSE CORRECTION	Stan then had me replace ABS control unit and flush system again after replacing ABS unit no other problems were found with low pedal. Still had hard pedal intermittently found Brake pedal spring catching pedal bracket not allowing pedal to move. Adjusted spring & test drive vehicle & found no other problems.	ON OFF
E	CAUSE CORRECTION	NO	ON OFF

NO	①	27/11	EZ	811										
140	LISA	LISA	LISA	LISA	LISA	LISA	LISA	LISA	LISA	LISA	LISA	LISA	LISA	LISA

PARTS

SZALESKI@HMA USA.COM



	<p>CAUSE (107 states when USING BRAKE ON OFF FAN CORRECTION Constant pedal gas time (C) per page 807</p>	<p>ANN 13 09.2 ORUN 13 10.4</p>
	<p>OF SHIP MANOV ✓ BRAKE BOOSTER FUNCTION E ✓ TO ADD SPEC ON FREQ PLY .34 ✓ POWER SPEC KIR</p>	<p>ON</p>
	<p>MANAGEMENT FROM TO PLATE BOARD 2.95 IN AFTER</p>	<p>OFF</p>
	<p>CAUSE ADDS / BRAKE BOOSTER TO BRAKE PEDAL</p>	<p>ON</p>
	<p>CORRECTION Rod 403 PRIOR TO 403 FROM PLY</p>	<p>...</p>
	<p>was .08 & FROM TO PLY 3.62 AFTER DRIVEN</p>	<p>...</p>
	<p>2 MILS FROM CAT HARD AGAIN ✓ BOOSTER VACUUM</p>	<p>...</p>
	<p>NO VACUUM TO BOOSTER FROM VALVE PULSED</p>	<p>...</p>
	<p>CAUSE NUTS FROM PLASTIC A HARD FOREIGN</p>	<p>...</p>
	<p>CORRECTION PLASTIC NUTS 1/2 SHORTEST TO PIPES</p>	<p>...</p>
	<p>ROLL VACUUM TO BRAKE BOOSTER REMOVED</p>	<p>...</p>
	<p>TOOK PICTURE & RE-INSTALLED TEST DRIVE VEN</p>	<p>ON</p>
	<p>CAUSE</p>	<p>OFF</p>
	<p>CORRECTION</p>	<p>ON</p>
	<p>CAUSE</p>	<p>OFF</p>
	<p>CORRECTION</p>	<p>ON</p>
	<p>CAUSE</p>	<p>OFF</p>
	<p>CORRECTION</p>	<p>ON</p>
	<p>CAUSE</p>	<p>OFF</p>
	<p>CORRECTION</p>	<p>ON</p>

NO	ON	OFF	...
...

**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).**