



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

Repository

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10047966

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City **BROX** State **MA** City **Brockton, MA** Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 **11/23/03**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **KMHC645C124283213**
Make: **HYUNDAI** Model: **ACCENT** Model Year: **2002**
Date Purchased: **2/1/03** Dealer's Name and Telephone Number: **Tom Charbolet** Engine: No. Cylinders: **4** Fuel Type: **Reg Gas**
Original Owner: **NO** Dealer's City: **NORWOOD** State: **MA** Zip Code: _____
Transmission Type: Automatic Brakes: Powertrain: _____
 Cruise Control _____ Vehicle Component Code: **136000 VISIBILITY: WINDSHIELD WIPER/WASHER**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **12-NOV-2002** Failure Mileage: **NA** Failure Speed: **NA** **When Temp Drops below 32° Washer Fluid DOESNT COME OUT OF DRIVERS SIDE NOZZLE. See Below**

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: DOTM1A8AC036): _____ 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).

WHILE DRIVING IN THE SNOW WINDSHIELD WASHER FLUID ONLY SPRAYS ON THE PASSENGER SIDE WINDOW, CAUSING THE DRIVER TO HAVE POOR VISIBILITY. *AK **NO WASH FLUID COMES OUT OF DRIVER SIDE + THIS CAN BE VERY DANGEROUS DUE TO SALT SPRAYING ON THE WINDSHIELD IN WINTER MONTH, AND DIRT THE REST OF THE YEAR. THERE IS NO VISIBLE KINK IN THE HOSE LEADING TO THE DRIVERS SPRAYER + THE FLUID IS THE SAME AS USED ON THE PASSENGER SIDE. ONCE THE AIR TEMP GOES ABOVE FREEZING, BOTH SPRAYERS WORK OK.**

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

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