



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 100181

Date Received

PM 2:33

18-DEC-2003

Repository

Reference No.
10051782

OWNER INFORMATION (Type or Print)

Name

Address

City

MASSAPEQUA PARK

State

NY

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 YES NO provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 1/5/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

KMH1HG6FX

Make

HYUNDAI

Model

TIBURON

Model Year

2003

Date Purchased

7/02

Dealer's Name and Telephone Number

Engine:

No. Cylinders

6

Fuel Type:

UNLEADED

Original Owner

Dealer's City

State

Zip Code

Transmission Type

MANUAL

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

101000 POWER TRAIN:CLUTCH ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

28000

Failure Speed

CLUTCH SUDDENLY STARTED SLIPPING DURING ACCELERATION. I WAS ATTEMPTING TO MERGE INTO TRAFFIC AND ALMOST GOT INTO AN ACCIDENT DUE TO LACK OF

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: DOTM19ABC036)

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), condition, 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 UPHILL CLUTCH FAILED, CAUSING THE VEHICLE TO SLIP OUT OF GEAR. *AK

CLUTCH IS WORN OUT. ALMOST CAUSED ACCIDENT DUE TO INABILITY TO PROBABLY ACCELERATE WHEN MERGING INTO TRAFFIC ON I495.

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 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.