



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) 2004 AUG 21 PM 09:26
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

Repository

2004 JUL 26

Reference No.
10081400

OWNER INFORMATION (Type or Print)

Name

Address

City SHEBOYGAN

State WI

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 8/6/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
KNHF1M45E82A

Make
HYUNDAI

Model
XG

Model Year
2002

Date Purchased
December 2002

Dealer's Name and Telephone Number
Van Horn Hyundai
800-236-9888

Engine:
No. of Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
Sheboygan

State
WI

Zip Code
53082

Transmission Type
Automatic

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
180000 VEHICLE SPEED CONTROL

Multiple Failures: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
06-JUL-2004

Failure Mileage
32,800

Failure Speed
Less than
5 MPH

Dealer could not duplicate problem but in talking with other Hyundai mechanics, Electronic Drive wire / Electronic sensor could be cause.

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: DOTM18ABC038)

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
0

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 BACKING OUT OF A PARKING SPACE VEHICLE SUDDENLY ACCELERATED UNCONTROLLABLY. CONSUMER WAS NOT ABLE TO MAINTAIN CONTROL OF THE VEHICLE. BOTH FEET PLACED ON THE BRAKE PEDAL BUT VEHICLE CONTINUED TO ACCELERATE INTO A POLE. THEN, put in drive to move
ACCELERATED FORWARD INTO A WALL. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. NO INJURIES REPORTED. VEHICLE WAS TOWED TO THE DEALER. *AK

away from diesel tanks behind me and

- see enclosures -

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.

[REDACTED]
[REDACTED]
Sheboygan, WI [REDACTED]

August 6, 2004

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th St., SW
Washington, DC 20590

RE: Reference No. 10081400

Enclosed you will find the following:

- DOT Questionnaire
- Copy of Police Report
- Copy of Body Shop Invoice
- Copy of Service Dept. Invoice
- Note: don't yet have repair figure for damaged building

Please be advised that the dealer's mechanic could not find anything wrong with the vehicle. Refer to the service invoice, which does not even state the problem was thoroughly checked out. I picked up the car on Saturday, July 31. The service manager was off that day. I spoke with the general manager and expressed concern that the invoice did not indicate that the "sudden acceleration" problem had been examined. I was told early diagnostics, which they did prior to the body work, did not indicate anything. This is also what they told my insurance company. When asked to sign off on the invoice I wrote on the dealer's copy that "sudden acceleration issue does not appear to be checked out per customer's request". I was told that this was their "internal" copy of the invoice?? The GM said that he felt it had been checked it out thoroughly and would have service input this info into the computer the following week. The service manager did leave me a message on Tuesday, August 3 but I was out of town on business. I have not phoned him back because basically, I'd have two different invoices stating two different things.

I did ask their mechanic to get in the vehicle with me. The gas was a bit touchy but otherwise drove fine. We discussed the electronic drive wire system and he said it is possible for the sensor to think the vehicle is going faster than it actually is, causing malfunction.

The GM generously offered to trade the vehicle in for me but Hyundai is his only line and after my experience it's not on my "to buy" list. He indicated that Sonatas and Santa Fe models do not use the drive wire system. However, I produced a report from your web site indicating a 2004 Santa Fe acted the same way as my XG. He told me that he'd forgotten the drive wire system was used in the 2004 models.

On July 8th, I'd supplied the dealer with DOT Technical Service Bulletin #632173 regarding electronic throttle control system. I also supplied them with reports from your web site regarding other XG 350's acting the same way. Some are logged in as transmission issues. Others are entered as vehicle speed control. Additionally, I found many other vehicles, of various makes & models, having sudden acceleration issues. Not only on your site but other consumer vehicle related sites. If the drive wire system sensors are the cause, it is a serious issue. I was lucky, as I was just backing out of a parking space and had barely stepped on the gas. Acceleration by itself occurred each time I shifted into a gear. However, it appears others having this situation were injured. In many cases the dealers say they can't find anything wrong, such as mine. In others, transmissions have been replaced or the dealers have said they can't fix it at all.

I spend a lot of time on the road. Since I was afraid to drive the car, I traded it in on August 7. (No, it is not a Hyundai) I still wanted to file this report because it should be on record, in the event someone else experiences the same issues. I hope your department can help solve these sudden acceleration incidents. Ralph Nader's website appears to have started a class action suit of some sort, so I have added my complaint to that, as well. Thanks for the assistance you have given with this matter.

Sincerely,

[REDACTED]

File No. 04-0044-268

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS

Print on a Mark Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Mark

Reportable Accident

County: **69**

MUN/TWP: **12**

Accident Date

MONTH	DAY	YEAR
Jan		
Feb	04	04
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)

HOUR: **19** MIN: **02**

Total Number

CRYS INJURED KILLED

0 1 0 0 0

Hlt & Run

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

Sheet No. Of

11

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

Please Do Not Write In This Microfilm Space

LATITUDE (GPS) Degrees Minutes Seconds LONGITUDE (GPS) Degrees Minutes Seconds

ON **INTERSTATE PLAZA** Estimated FROM/AT **4024 5TH 42**

House # Entry # Railroad # Other Agency Space Special Body

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)

Speed Limit OPERATOR Last NAME ADDRESS Street & Number City & State ZIP Phone Number

City & State ZIP Phone Number Driver's License Number State Exp. Year

City & State ZIP Phone Number Driver's License Number State Exp. Year

Date of Birth Sex Operating Class Endorse (Mark Only One) On Duty Accident

Date of Birth Sex Operating Class Endorse (Mark All That Apply) On Duty Accident

Severity SMI SAFETY AIRBAG EJECTED TRAPPED/ESTRICKED Medical Transport

Severity SMI SAFETY AIRBAG EJECTED TRAPPED/ESTRICKED Medical Transport

TRAPPED/ESTRICKED Not Applicable Trapped/Not Estricked Unknown Medical Transport

Vehicle Owner Last Name State Street Address

Street Address City & State ZIP Phone Number

City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color

Year of Vehicle Make Model Body Style Color

Vehicle ID Number License Plate Number State Exp. Year

License Plate Number State Exp. Year

Policy Holder's Name Liability Insurance Company

Policy Holder's Name Liability Insurance Company

Occupant Unit Number NAME Last First MI Date of Birth Sex Severity SMI SAFETY AIRBAG

Occupant Unit Number NAME Last First MI Date of Birth Sex Severity SMI SAFETY AIRBAG

Address Street & Number City & State ZIP Agency Space EMS Number

INTERSTATE PLAZA 4024 5TH 42

MARKING DOT

MY4000 899

227

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SBIT Position	SAFETY Equipment	AIRBAG
	ADDRESS	Street & Number		City & State		ZIP				Deployed Non Deployed Not Applicable Unknown
Address Same as Operator	REJECTED	Totally Ejected		TRAPPED/REJECTED		Trapped/Entrapped		Medical Transport	Agency Space	
Yes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Partially Ejected		<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Trapped/Not Entrapped				
No	<input type="checkbox"/> Not Ejected	<input type="checkbox"/> Unknown		<input type="checkbox"/> Not Trapped		<input type="checkbox"/> Unknown				

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SBIT Position	SAFETY Equipment	AIRBAG
	ADDRESS	Street & Number		City & State		ZIP				Deployed Non Deployed Not Applicable Unknown
Address Same as Operator	REJECTED	Totally Ejected		TRAPPED/REJECTED		Trapped/Entrapped		Medical Transport	Agency Space	
Yes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Partially Ejected		<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Trapped/Not Entrapped				
No	<input type="checkbox"/> Not Ejected	<input type="checkbox"/> Unknown		<input type="checkbox"/> Not Trapped		<input type="checkbox"/> Unknown				

Type of Accident

Most Harmful Event

Unit Number: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Most Harmful Event

Unit Number: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

(check one per vehicle)

Collision With Object Not Fixed

Motor Vehicle in Transport

Parked Motor Vehicle

Deer

Pedalcycle

Pedestrian

Railway Train

Other Animal

Motor Vehicle in Transport In Other Roadway

Other Object (Not Fixed)

Collision With Fixed Object

Traffic Sign Post

Traffic Signal

Utility Pole

Lum. Light Support

Other Post

Tree

Mailbox

Guardrail Face

Guardrail End

Median Barrier

Bridge Parapet End

Bridge/Pier Abut.

Impact Attenuator

Overhead Sign Post

Bridge Rail

Culvert

Ditch

Curb

Embankment

Fence

Other Fixed Object

Unknown

Non-Collision

Overturn

Fire/Explosion

Immersion

Jackknife

Other Non-Collision

Driver Condition

Unit Number: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Driver Factors (Or Pedestrians)

Appeared Normal

Reduced Alertness

Ability Impaired

Not Observed

Presence

Neither Alcohol nor Drugs Present

Yes—Alcohol Present

Yes—Drugs Present

Yes—Alcohol & Drugs Present

Unknown

Alcohol

AC Value:

AC Value:

Test Not Given

Test Refused

Test Given, Alcohol Unknown

Test Given, No Alcohol Reported

Drugs

Test Not Given

Test Refused

Test Given, Drugs Unknown

Test Given, No Drugs Reported

Drugs Reported (Specify Below)

Marijuana

Cocaine

Opium

Amphetamines

PCP

Other Drug Medication

Type Unknown

Unit

Pedestrian Location

In Crosswalk

In Roadway

Not in Roadway

On Sidewalk

Action

Walking not Facing Traffic

Disregarded Signal

Dashing into Road

Dark Clothing

Walking Facing Traffic

Manner of Collision

No Collision with Motor Vehicle in Transport

Rear-end

Head On

Rear to Rear

Angle

Sideswipe, Same Direction

Sideswipe, Opposite Direction

Unknown

Unit

Darkest Numbered Area(s) of Vehicle Damage

1: None

2: Underbody

3: Front (Damage to All Areas)

4: Other

5: Unknown

Extent of Damage

None

Very Minor

Minor

Moderate

Severe

Very Severe

Unknown

Vehicle Towed Due to Damage:

Vehicle Removed By: DEPT

Unit

Darkest Numbered Area(s) of Vehicle Damage

1: None

2: Underbody

3: Front (Damage to All Areas)

4: Other

5: Unknown

Extent of Damage

None

Very Minor

Minor

Moderate

Severe

Very Severe

Unknown

Vehicle Towed Due to Damage:

Vehicle Removed By:

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
17			

Govt. Damage Tag #

PROPERTY OF

OWNER:

ADDRESS: Street & Number:

City & State: NEWTON, NJ ZIP:

Draw Diagram of Accident & Indicate North with an arrow in the circle.



Pictorial Representation of Narrative

Supplemental Reports

Witness Statements

Measurements Taken

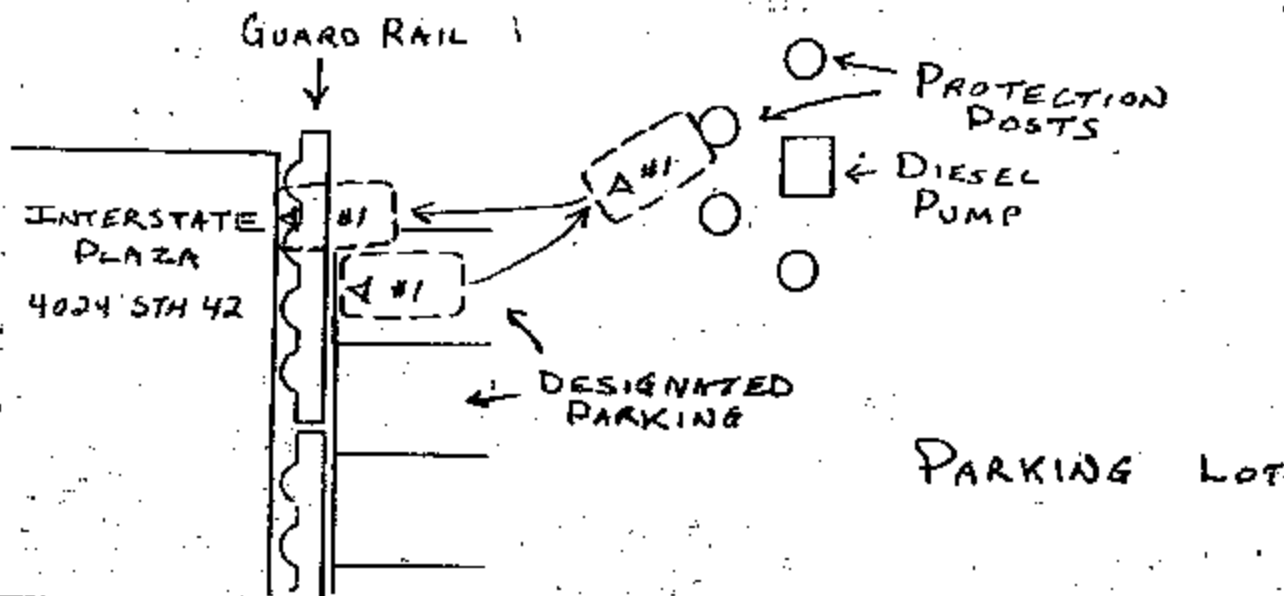
Slidebooks to Impact

Unit 1 Unit 2

00 FEET

STH 42 ↑

Surface: ASPHALT



N UNIT #1 BACKED OUT OF A DESIGNATED
A PARKING STALL IN A S/O DIRECTION. UNIT #1
R THEN STRUCK A POST, WHICH PROTECTS A
R DIESEL PUMP. UNIT #1 THEN PROCEEDED
A N/B, STRUCK A GUARD RAIL PROTECTING
T THE BUILDING, AND CONTINUED OVER THE
I GUARD RAIL, STRIKING THE INTERSTATE
I PLAZA BUILDING.
V OPERATOR BELIEVES THAT THE THROTTLE
B WAS IN A STUCK OPEN POSITION, CAUSING VELOC
E TO LUNGE WHEN STARTING GEAR.

Photos By:

60

What Drivers Were Doing

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50

WITNESS NAME: [] SEX: [] AGE: []
 ADDRESS: Street & Number [] Date of Birth []
 City & State: [] ZIP: [] Home Number: []

ACCESS CONTROL

- 1. No Control (Unlimited Access)
- 2. Full Control (Only Ramp Entry/Exit)
- 3. Partial Control

ROAD TERRAIN

Part A

- 1. Straight
- 2. Curve

Part B

- 1. Level/Flat
- 2. Hill

LIGHT CONDITION

- 1. Daylight
- 2. Dark-Not Lighted
- 3. Dark-Lighted
- 4. Dawn
- 5. Dusk
- 6. Unknown

TRAFFIC WAY

- 1. Not Physically Divided (2-Way Traffic)
- 2. Divided Highway, Median Strip, without Traffic Barrier
- 3. Divided Highway, Median Strip, with Traffic Barriers
- 4. One-Way Traffic
- 5. Parking Lot or Private Property

ROAD SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Snow/Slush
- 4. Ice
- 5. Sand, Mud, Dirt, Oil
- 6. Other
- 7. Unknown

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Fog, Smog, Smoke
- 6. Sleet, Hail (freezing Rain or Drizzle)
- 7. Blowing Sand, Soil, Dirt, Snow
- 8. Severe Crosswinds
- 9. Other
- 10. Unknown

RELATION TO HIGHWAY

- 1. On Roadway
- 2. Parking Lot or Private Property
- 3. Shoulder (Other Than Shoulder within Median or Gore)
- 4. Median (Other Than Median within Gore)
- 5. Outside Shoulder-Left
- 6. Outside Shoulder-Right
- 7. Off Roadway-Location Unknown
- 8. On Ramp
- 9. Gore (Area between Ramp & Highway)
- 10. Unknown

Traffic Control

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
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40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50

**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).**