



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 100145

Date Received

Repository ☐

23-AUG-2004

2004 SEP 21 AM 9:06
Reference No.
10089441

OWNER INFORMATION (Type or Print)

Name ☐
Address ☐
City PISCATAWAY State NJ 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 a signature, please print your name and address to the vehicle manufacturer.
Signature of Owner ☐ Date 9/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
KMHJG24F9XU ☐ Make HYUNDAI Model TIBURON Model Year 1999

Date Purchased 2/2/99 Dealer's Name and Telephone Number Global Auto Mall

Engine: No. Cylinders 4 Fuel Type:

Original Owner ☒ Dealer's City North Plainfield State NJ Zip Code 07060

Transmission Type ☒ Antilock Brakes Powertrain
MANUAL ☐ Cruise Control Vehicle Component Code
151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-AUG-2004 Failure Mileage 36000 Failure Speed The female receptacle buckle no longer works

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 Failure Location:
☐ Prior Repair
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 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).

DRIVER'S SIDE SEAT BELT BUCKLE FAILED. AS A RESULT, SEAT BELT WILL NOT LATCH. *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 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.