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 100222

Date Received	Repository
06-JAN-2005	

Reference No. 10106869

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City CORAL SPRINGS / State FL / Zip Code [redacted]		

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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KMHDN45D73U[redacted]	HYUNDAI	ELANTRA	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
					Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	UNKNOWN	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
06-JAN-2005	41500	30

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No			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 CONSUMER WAS GOING 30 MPH IN THE RAIN VEHICLE SKIDDED, AND THE BRAKES DID NOT STOP VEHICLE, CAUSING CONSUMER'S VEHICLE TO COLLIDE WITH ANOTHER VEHICLE.*AK

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

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

On 1/6/05 at approximately 07:41 AM. I was driving South on 441 almost at Hillsborough blvd. The light was red as I approach the Intersection of State 7 + Hillsboro blvd. When I put my brakes, the car slide over 100 yards and refused to stop until it collided with another car in front of me.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline

01/25/2005 at 11:26 AM Job Number: 30757
29218

FLORIDA AUTO BODY
License #:AB0581 Federal ID #:591963069
www.floridaautobody.com
2187 N STATE RD 7
MARGATE, FL 33063
(954)968-5511 Fax: (954)968-1070

SUPPLEMENT OF RECORD 3 WITH SUMMARY

Written By: PAUL BOUTELLE 01/25/2005 11:26 AM
Adjuster: DD 37836170XBN01062

Insured: [redacted] **Claim #** [redacted]
Owner: [redacted] **Policy #**
Address: 11020 NW 39TH ST R **Deductible:** $500.00
CORAL SPRINGS, FL [redacted] **Date of Loss:** 01/06/2005
Day: [redacted] **Type of Loss:** Collision
Business: [redacted] **Point of Impact:** 12. Front

Inspect Location: FLORIDA AUTO BODY **Business:** (954)968-5511
2187 N STATE RD 7
MARGATE, FL 33063

Insurance Company: ALLSTATE INSURANCE COMPANY **Day:** (954)977-6150
5297 WEST COPANS RD SUITE 100 Days to Repair
MARGATE, FL 33063

2003 HYUN ELANTRA GLS 4-2.0L-FI 4D SED SILVER Int:
VIN: KMHDN45D73U[redacted] **Lic:** [redacted] FL **Prod Date:** 09/2002 **Odometer:** 46082

Air Conditioning	Rear Defogger	Tilt Wheel
Intermittent Wipers	Body Side Moldings	Dual Mirrors
Clear Coat Paint	Power Steering	Power Brakes
Power Windows	Power Locks	Power Mirrors
AM Radio	FM Radio	Stereo
Search/Seek	Driver Air Bag	Passenger Air Bag
Front Side Impact Air Bag	Cloth Seats	Bucket Seats
Automatic Transmission	Overdrive	

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1#	S03	**FINAL ESTIMATE**	1			
2#	S03	****DTP ON FILE****	1			
3#		ESTIMATED DATE OF COMPLETION :01-21-05	1			
4#	Rpr	SET UP AND MEASURE			1.0	F
5#		PULL AND SQUARE FRONT UNIBODY	1		2.0	F
6		INFORMATION LABELS				
7		Rpl information labels			0.3	
8	Repl	Emission label Federal from 5/21/01	1	4.12	Incl.	
9	Repl	Vacuum diagram	1	3.41	Incl.	
10	Repl	AC label	1	2.53	Incl.	
11		FRONT BUMPER				

SUPPLEMENT OF RECORD 3 WITH SUMMARY

2003 HYUN ELANTRA GLS 4-2.0L-FI 4D SED SILVER Int:

	NO.		OP.	DESCRIPTION	QTY	EXT. PRICE		LABOR	PAINT
N	12	S01	Repl	Bumper cover	1	226.33		1.2	2.8
	13		Repl	Energy absorber	1	61.94		0.1	
	14*		Repl	LT Side bracket	1	6.60		Incl.	
	15*		Repl	RT Side bracket	1	6.43		Incl.	
	16*		Rpr	Impact bar				1.0	
	17			GRILLE					
	18**		Repl	Qual Repl Parts Grille	1	84.00		Incl.	
	19#		Repl	Emblem	1	14.91			
	20			FRONT LAMPS					
	21		Repl	LT Headlamp assy	1	217.64		0.4	
	22#			AIM HEADLAMPS	1	15.00			
	23		R&I	RT Side marker lamp 2003 GLS				0.1	
	24		R&I	LT Side marker lamp 2003 GLS				0.1	
	25			COOLING					
	26		Repl	Upper tie bar	1	51.98		1.2	0.8
N	27*		Rpr	Radiator support			s	4.0	1.8
	28#			ADJUST FOR BLEND	1				-0.9
	29			AIR CONDITIONER & HEATER					
	30**		Repl	Qual Repl Parts Condenser auto trans	1	215.00	m	0.5	
	31#		Subl	EVACUATE AND RECHARGE R134	1	95.00			
	32			HOOD					
	33	S02	Repl	Hood	1	317.79		1.6	2.8
	34	S02		Overlap Major Adj. Panel					-0.4
	35	S02		Add for Underside(Complete)					1.4
	36	S02		Add for Clear Coat					0.3
	37		Repl	Latch	1	33.79		Incl.	
	38			FENDER					
	39		Refn	RT Fender					1.8
	40			Overlap Major Adj. Panel					-0.4
	41#			ADJUST FOR BLEND	1				-0.7
	42#		Subl	TAPE STRIPE 1ST PANEL	1	15.00			
	43*		Rpr	LT Fender				3.5	1.8
	44			Overlap Major Adj. Panel					-0.4
	45	S02		Clear Coat					2.5
	46#		Subl	TAPE STRIPE ADD'L PANEL	1	5.00			
	47#			HAZARDOUS WASTE REMOVAL	1	Incl.			
	48#			RESTORE CORROSION PROTECTION	1	8.00			
				Subtotals ==>		1384.47		17.0	13.2

Line 12 : A/M COVER N/A (ROGER) KEYSTONE
Line 27 : left baffle area

01/25/2005 at 11:26 AM Job Number: 30757 -
29218

SUPPLEMENT OF RECORD 3 WITH SUMMARY
2003 HYUN ELANTRA GLS 4-2.0L-FI 4D SED SILVER Int:

Estimate Notes:
LKQ SEARCHED FOR AT DAMRON'S (WILL) N/A
OLE-SOUTH (FRED) FRONT SECTION ONLY
RAY'S (WALTER) N/A
CAR-PART.COM (FLORIDA SEARCH) NO CURRENT MODEL YEAR

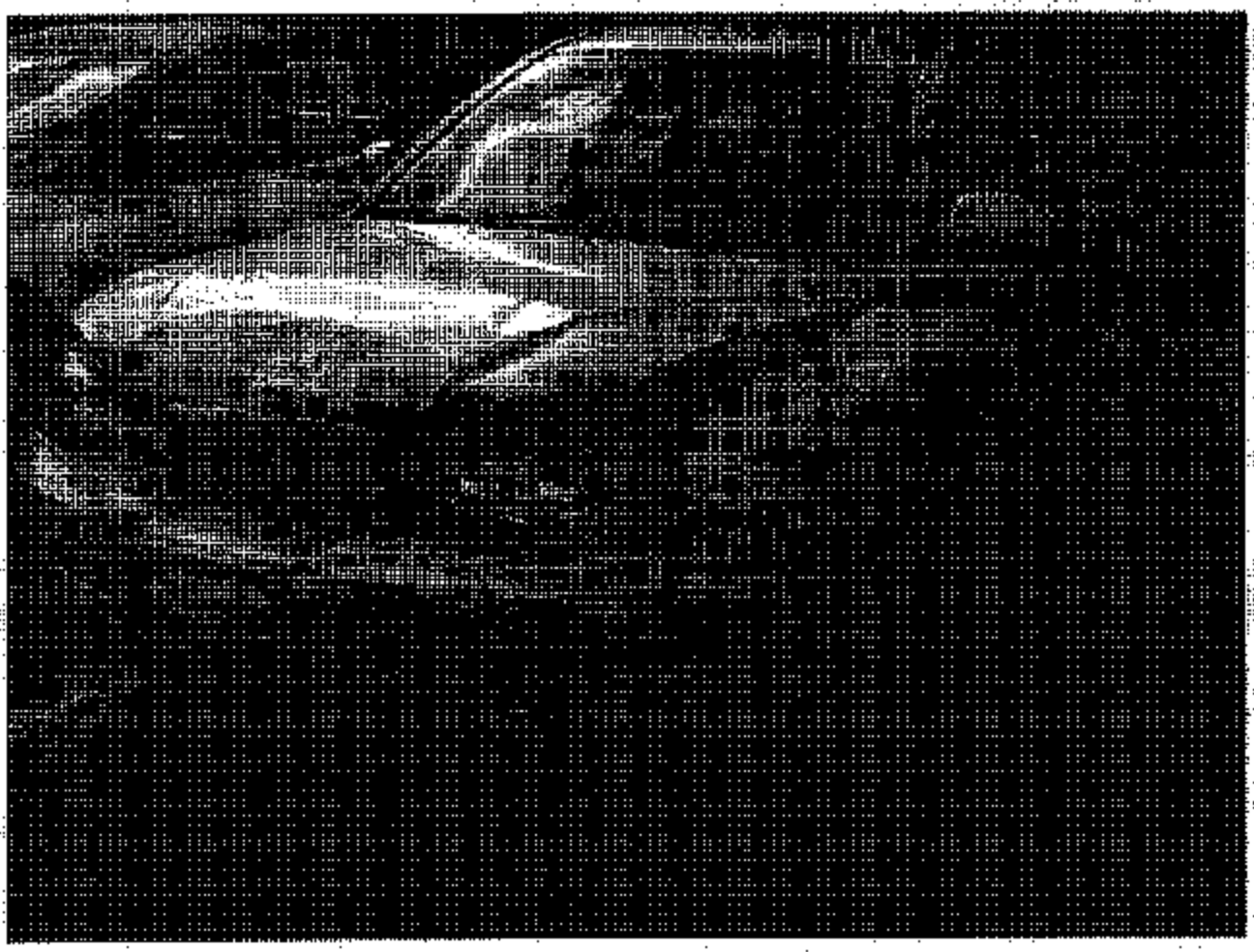
Parts			1384.47
Parts Discount	$ 932.56	-5.0%	-46.63
Body Labor	14.0 hrs @ $	36.00/hr	504.00
Paint Labor	13.2 hrs @ $	36.00/hr	475.20
Frame Labor	3.0 hrs @ $	36.00/hr	108.00
Paint Supplies	13.2 hrs @ $	17.00/hr	224.40
SUBTOTAL			$ 2649.44
Sales Tax	$ 2649.44 @	6.0000%	158.97
GRAND TOTAL			$ 2808.41
ADJUSTMENTS:			
Deductible			500.00
CUSTOMER PAY			$ 500.00
INSURANCE PAY			$ 2308.41

IMPORTANT INFORMATION ABOUT ALLSTATE'S CHOICE OF PARTS POLICY

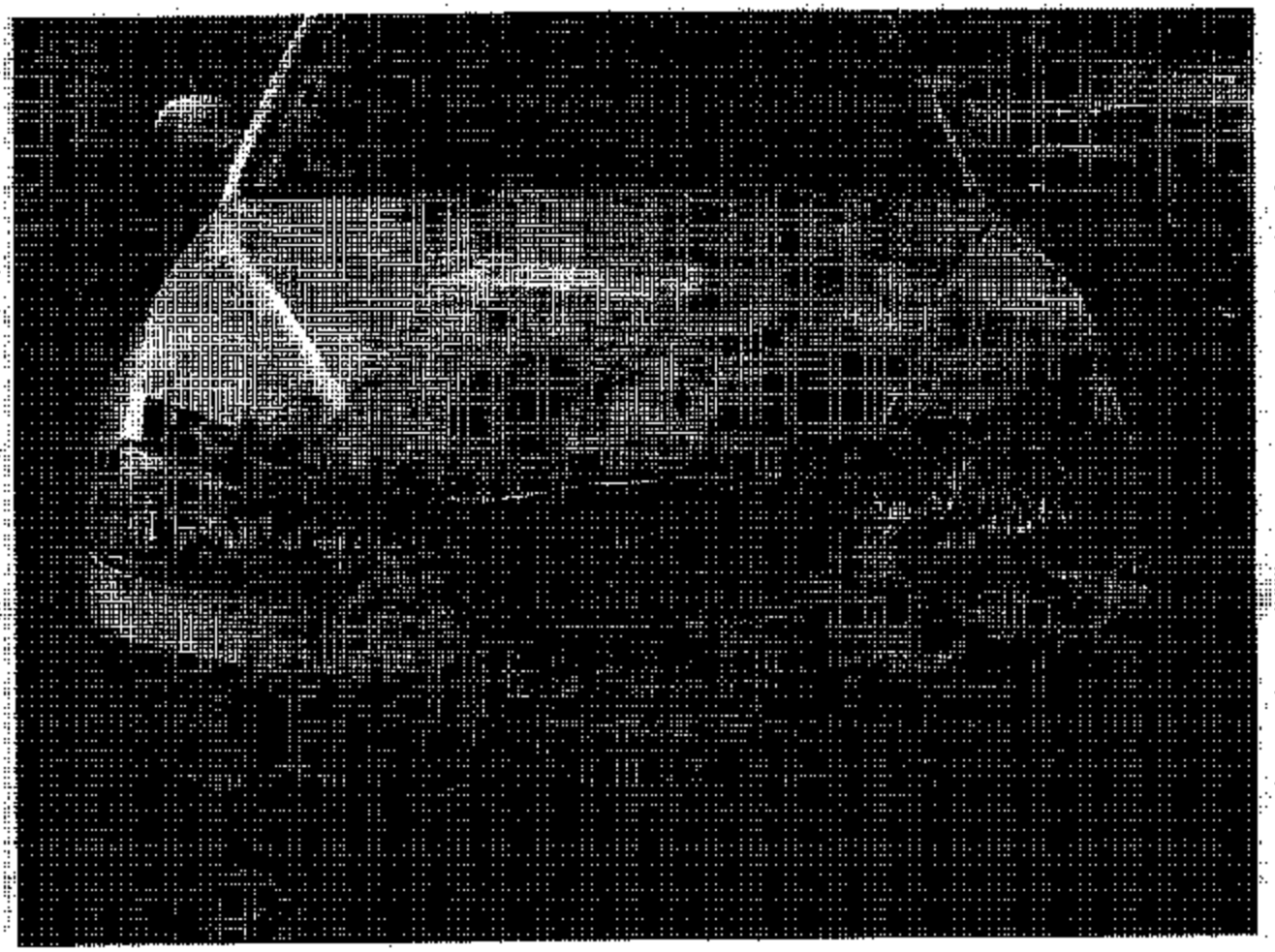
This estimate may list parts for use in the repair of your vehicle that are manufactured by a company other than the original manufacturer of your vehicle. These parts are commonly referred to as aftermarket parts or competitive parts, and would be designated on this estimate as "QUAL REPL PARTS", "A/M" or "COMP REPL PARTS". Such parts may include cosmetic outer body crash parts such as hoods, fenders, bumper covers, etc. Allstate guarantees the fit and corrosion resistance of any aftermarket/competitive outer body crash parts that are listed on this estimate and actually used in the repair of your vehicle for as long as you own it. If a problem develops with the fit or corrosion resistance of these parts, they will be repaired or replaced at Allstate's expense. This guarantee is limited to the repair or replacement of the part.

However, if you choose not to use one or more of the aftermarket/competitive outer body crash parts that may be listed on this estimate in the repair of your vehicle, Allstate will specify the use of original equipment manufacturer parts, either new or recycled at Allstate's option, at no additional cost to you. Allstate does not separately guarantee the performance of original equipment manufacturer parts, and makes no representation about the availability of any manufacturer's guarantee.

□



[redacted]



☒ LAW ENFORCEMENT SHORT FORM REPORT
☐ DRIVER REPORT OF TRAFFIC CRASH
☐ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location

TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
7:49 ☒ AM ☐ PM	7:50 ☒ AM ☐ PM	05-4434	05386542

AT NODE NO.	FEET	MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED
					6	1

Section 1 — Vehicle ☒ / Pedestrian ☐

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
	X								3000	DRIVER	3

[redacted]

TYPE | DRIVER / PEDESTRIAN HOME PHONE [redacted] | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Section 2 — Vehicle ☒ / Pedestrian ☐

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
						X				DRIVER	3

[redacted]

TYPE | DRIVER / PEDESTRIAN HOME PHONE [redacted] | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Section 3 — Vehicle ☐ / Pedestrian ☐

YEAR | MAKE (chev, ford, etc.)

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

ZIP CODE

ZIP CODE

DRIVER LICENSE NUMBER | TYPE | DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code | DATE OF BIRTH

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
1	[redacted]		CARELESS DRIVING	

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
		$					

CITY & STATE | ZIP CODE

OTHER

HSMV-90006 Rev. 3/02

☐ YOU MUST READ AND COMPLY WITH INSTRUCTIONS ON THE BACK OF THIS FORM.
☐ NO FURTHER ACTION REQUIRED BY YOU, REPORT COMPLETED BY LAW ENFORCEMENT AGENCY.