



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

Date Received

2005 FEB -7

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

33
1011550

OWNER INFORMATION (Type or Print)

Name _____
Street No. _____ Apt. No. _____
City Selden State N.Y.

Daytime 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 12/20/04

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) <u>KMHCG35C03U</u>		Make <u>Hyundai</u>	Model <u>Accent</u>	Year <u>2003</u>
Purchased Date <u>2/26/03</u>	Dealer's Name <u>Atlantic Hyundai 193 Sunrise Highway</u>		Engine Size (CID/CC/L) <u>4</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>West Islip</u>	State <u>N.Y.</u>	Zip Code <u>11795</u>	No. Cylinders <u>4</u> <input checked="" type="checkbox"/> Fuel Injection
Manufacture Date (on driver's door or pillar) <u>NOV 02</u>	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part number <u>52760-25600</u>	Part Name(s) <u>Right Rear Spindle & carrier Assy RR axle</u>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name				
Complete Tire Size	DOT No.				
Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INFORMATION