



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 100216

Date Received

08-MAR-2006

Repository

Reference No.
10113661

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SAN BERNARDINO State: CA Zip Code: [Redacted]

Daytime Telephone Number

[Redacted]

E-mail Address

[Redacted]

Evening Telephone Number

[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: [Redacted] Date: 3/17/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KMHHE66F34U [Redacted]
Make: HYUNDAI Model: TIBURON Model Year: 2004

Date Purchased: 6/4/04 Dealer's Name and Telephone Number: San Bernardino Hyundai (909) 998-6611
Engine: No. Cylinders: 6 X Fuel Type: Reg.

Original Owner: Dealer's City: San Bernardino State: CA Zip Code: 92408

Transmission Type: AUTOMATIC Powertrain: 4-wheel disc brakes
Vehicle Component Code: 038000 SERVICE BRAKES, HYDRAULIC: ~~ANTI-LOCK~~ 4-wheel disc
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 02-MAR-2006 Failure Mileage: 7,215 Failure Speed: 2 mph "Fender bender" / drive-thru restaurant

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM1BABC036): [Redacted] Original Equipment Prior Repair: Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: X No / DMV SR-1

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 APPLYING THE BRAKE PEDAL VEHICLE FAILED TO STOP. THIS CAUSED THE VEHICLE TO COLLIDE INTO THE VEHICLE IN FRONT. DRIVER TOOK VEHICLE TO THE DEALER FOR INSPECTION, AND MECHANIC COULD NOT DUPLICATE THE PROBLEM. HOWEVER, THE PROBLEM RECURS RECENTLY. RR

TWICE in 12 hours.

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.

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

6:00 pm 3/2 - Drive thru - restaurant - struck vehicle
in front of me. No damage to either car.
6:30 am 3/2 - Drive thru - struck "work truck"
damage to my vehicle only.

Enclosures - SR-1 Report California Dept of Motor Vehicles
Repair invoice - Bates Auto Body

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/problems

RecallWarnings

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Make : HYUNDAI Model : TIBURON Year : 2003

Build Dates : 20010810 - 20030215

NHTSA CAMPAIGN ID Number : 03V496000

Date Owner's Notified: 20040122 Date Received by ODI: 20031203 Date Added to Database: 20031203

Manufacturer's Involved: HYUNDAI CARIBBEAN

Manufacturer's Responsible for the Recall: HYUNDAI MOTOR COMPANY

Manufacturer Campaign Number: 061

Component: SERVICE BRAKES, HYDRAULIC-FOUNDATION
COMPONENTS:HOSES, LINES/PIPING, AND FITTINGS

Potential Number Of Units Affected : 1993

Summary:

ON CERTAIN PASSENGER VEHICLES, THE BRAKE TUBES FOR THE REAR BRAKES CAN CONTACT THE STEERING GEARBOX MOUNTING BRACKETS.

Consequence:

CONTACT BETWEEN THE REAR BRAKE TUBES AND THE STEERING GEARBOX MOUNTING BRACKETS MAY RESULT IN REAR BRAKE TUBE WEAR AND CORROSION, INCREASING THE RISK OF BRAKE FLUID LEAKAGE. BRAKE FLUID LEAKAGE COULD RESULT IN REDUCED BRAKING CAPABILITY, WHICH COULD RESULT IN A CRASH.

Remedy:

DEALERS WILL REPOSITION THE REAR BRAKE TUBES, INSTALL BRAKE TUBE CLIPS, AND APPLY ANTI-CORROSION MATERIAL TO THE REAR BRAKE TUBES. OWNER NOTIFICATION BEGAN JANUARY 22, 2004. OWNERS SHOULD CONTACT HYUNDAI OF PUERTO RICO AT 1-800-833-5151.

Report Initiator: MFR

[Vehicles Report](#)

Regulation Part Number: Federal Motor Vehicle Safety Standard Number:

Notes:

CUSTOMERS CAN ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATIONS AUTO SAFETY HOTLINE AT 1-888-DASH-2-DOT (1-888-327-4236).

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REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

READ IMPORTANT INFORMATION ON BACK

DMV USE ONLY

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

# OF VEHICLES 01	DATE OF ACCIDENT 03/03/05	CALIFORNIA COUNTY OF ACCIDENT RIVERSIDE	CALIFORNIA CITY WHERE ACCIDENT OCCURRED RIVERSIDE
TIME OF ACCIDENT Hour 6:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> In Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input checked="" type="checkbox"/> Other (EXPLAIN, E.G., ROLLAWAY)		DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DRIVER'S NAME (FIRST AND MIDDLE) [REDACTED]		DRIVER LICENSE NUMBER [REDACTED] CA	
DRIVER'S ADDRESS (NUMBER) [REDACTED]		DATE OF BIRTH [REDACTED]	
CITY SAN BERNARDINO		STATE CA	
VEHICLE OWNER—PERSON OR COMPANY [REDACTED]		DATE OF BIRTH [REDACTED]	
ADDRESS SAME AS ABOVE		INSURANCE COMPANY NAME (NOT AGENT, UNDERWRITER, OR BROKER) STATE FARM	
VEHICLE IDENTIFICATION NUMBER KM4N4667F340		COMPANY MARC NUMBER 25178	
INSURANCE POLICY NUMBER COVERING THE VEHICLE ACCIDENT (NOT CLAIM OR FILE NUMBER) [REDACTED]		POLICY PERIOD From 2/1/05 To 8/1/05	
STREET ADDRESS [REDACTED]		CITY [REDACTED]	
STATE [REDACTED]		ZIP CODE [REDACTED]	

REPORTING PARTY'S INFORMATION

# OF VEHICLES	DATE OF ACCIDENT	CALIFORNIA COUNTY OF ACCIDENT	CALIFORNIA CITY WHERE ACCIDENT OCCURRED
TIME OF ACCIDENT <input type="checkbox"/> In Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input checked="" type="checkbox"/> Other (EXPLAIN, E.G., ROLLAWAY) Stopped at drive thru		DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVER'S NAME (FIRST AND MIDDLE) UNK		DRIVER LICENSE NUMBER [REDACTED] CA	
DRIVER'S ADDRESS (NUMBER) [REDACTED]		DATE OF BIRTH [REDACTED]	
CITY [REDACTED]		STATE [REDACTED]	
VEHICLE OWNER—PERSON OR COMPANY [REDACTED]		DATE OF BIRTH [REDACTED]	
ADDRESS [REDACTED]		INSURANCE COMPANY NAME (NOT AGENT, UNDERWRITER, OR BROKER) [REDACTED]	
VEHICLE IDENTIFICATION NUMBER [REDACTED]		COMPANY MARC NUMBER [REDACTED]	
INSURANCE POLICY NUMBER COVERING THE VEHICLE ACCIDENT (NOT CLAIM OR FILE NUMBER) [REDACTED]		POLICY PERIOD From _____ To _____	
POLICY HOLDER'S NAME (IF DIFFERENT) [REDACTED]		STREET ADDRESS [REDACTED]	
CITY [REDACTED]		STATE [REDACTED]	
ZIP CODE [REDACTED]		[REDACTED]	

OTHER PARTY'S INFORMATION

NAME AND ADDRESS OF INDIVIDUAL, BUSINESS OR DECEDENT NA	<input type="checkbox"/> Injured <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Deceased <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED NA	<input type="checkbox"/> Injured <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Deceased <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.) NA	DAMAGE AMOUNT [REDACTED] .00
PROPERTY OWNER'S NAME AND ADDRESS [REDACTED]	

INJURY/DEATH
PROPERTY DAMAGE

I certify under penalty of perjury under the laws of the State of California that the information entered on this document is true and correct.

DATE **3/13/05** PRINTED NAME [REDACTED] SIGNATURE **X** [REDACTED]

ADDITIONAL INFORMATION ATTACHED

03/14/2005 at 03:41 PM
15734

Job Number: 29237

BATES AUTO BODY, INC.
License #: am208336 Federal ID #: 330881203
I CAR PROFESSIONALS
161 west mill street
SAN BERNARDINO, CA 92408
(909)884-6468 Fax: (909)889-9031

Pickings
Wednesday

ESTIMATE OF RECORD

Written By: BRIAN BATES 03/11/2005 07:35 AM
Adjuster: Team2 Processor

Insured: [Redacted]
Owner: [Redacted]
Address: [Redacted]
 SN BERNARDINO, CA
Evening: [Redacted]

Claim # [Redacted] *pd. 058*
Policy # [Redacted]
Deductible: \$250.00
Date of Loss: 03/03/2005 at 06:30 AM
Type of Loss: Collision
Point of Impact:

Inspect BATES AUTO BODY, INC.
Location: 161 west mill street
 SAN BERNARDINO, CA 92408

Business: (909)884-6468

Insurance STATE FARM INSURANCE COMPANIES
Company:

Days to Repair

2004 HYUN TIBURON GT 6-2.7L-FI 2D CPE black Int:
VIN: KMHHN65F34U [Redacted] Lic: [Redacted] CA Prod Date: [Redacted] Odometer: 7224
Air Conditioning Rear Defogger Tilt Wheel
Cruise Control Intermittent Wipers Keyless Entry
Rear Window Wiper Theft Deterrent/Alarm Dual Mirrors
Fog Lamps Rear Spoiler Clear Coat Paint
Power Steering Power Brakes Power Windows
Power Locks Power Mirrors Driver Air Bag
Passenger Air Bag Front Side Impact Air Bag 4 Wheel Disc Brakes
Cloth Seats Bucket Seats Aluminum/Alloy Wheels

NO.	OP.	DESCRIPTION	QTY.	EXT. PRICE	LABOR	PAINT
1		FRONT BUMPER				
2	R&I	R&I bumper cover			1.2	
3*	Rpr	Bumper cover			2.0	2.6
4		Add for Clear Coat				1.0
5		HOOD				
6*	Rpr	Hood			7.0	2.8
7		Add for Clear Coat				1.1
8	Repl	Emblem	1	9.97	0.1	
9#		COLOR MATCH	1		0.5	
10#		RUBOUT TO FACTORY	1		1.0	
11#		HAZARDOUS WASTE DISPOSAL	1	2.00 X		
12#		COVER TO ELIMINATE OVERSPRAY	1	10.00 X		
13#		FLEX ADDITIVE	1	2.00		
14#		pull front support	1		1.5	

ESTIMATE OF RECORD

2004 HYUN TIBURON GT 6-2.7L-FI 2D CPE black Int:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
Subtotals =>					23.97	13.3	7.5
		Parts					11.5
		Body Labor	13.3	hrs @	\$ 38.00/hr		505.4
		Paint Labor	7.5	hrs @	\$ 38.00/hr		285.0
		Paint Supplies	7.5	hrs @	\$ 22.00/hr		165.0
		Sublet/Misc.					12.2
SUBTOTAL							\$ 979.3
Sales Tax					\$ 176.97 @	7.7500%	13.7
GRAND TOTAL							\$ 993.0
ADJUSTMENTS:							
Deductible							250.0
CUSTOMER PAY							\$ 250.0
INSURANCE PAY							\$ 743.0

LIMITED LIFETIME GUARANTEE

WE AT BATES AUTO BODY, WOULD LIKE FOR YOU TO HAVE THE BEST POSSIBLE REPAIR JOB ON YOUR VEHICLE. TO ACCOMPLISH THIS, WE WOULD LIKE YOU TO KNOW THE REPAIRS THAT HAVE BEEN PERFORMED BY BATES AUTO BODY, AS LISTED ON THE ATTACHED REPAIR ORDER, ARE GUARANTEED FOR AS LONG AS YOU, THE CUSTOMER OWN THE VEHICLE. OTHER ITEMS ON THE REPAIR ORDER SUCH AS SUBLET WORK AND SUBLET LABOR ARE GUARANTEED FOR ONE YEAR. PARTS, PAINT MATERIALS, AND SUPPLIES ARE SUBJECT TO THE GUARANTEE OF THOSE SUPPLIERS.

PARTS OR MATERIALS USED, WILL BE OF THE FINEST QUALITY OBTAINABLE UNLESS, OTHERWISE SPECIFIED BY YOU OR YOUR INSURANCE COMPANY, AND WILL BE SUBJECT TO THE GUARANTEE OF THE SUPPLIER'S GUARANTEE. ANY BODY OR PAINT WORK COVERED BY THIS GUARANTEE WILL BE RE-DONE AT OUR EXPENSE; OR AT OUR OPTION, A REFUND OR ADJUSTMENT OF THE PURCHASE PRICE FOR THAT PORTION OF THE WORK IN QUESTION WILL BE MADE.

ANY FAILURE DUE TO LACK OF MAINTENANCE, ADDITIONAL ACCIDENTS, THEFT, VANDALISM DAMAGE, DAMAGE DUE TO HIGH PRESSURE CAR WASHES OR FROM NORMAL WEAR AND TEAR, ARE EXCLUDED FROM THIS GUARANTEE.

THIS DOCUMENT, WHICH IS NON-TRANSFERABLE, IS A COMPLETE AND EXCLUSIVE STATEMENT BETWEEN CUSTOMER AND REPAIRER, AND CONTAINS ALL THE REPRESENTATION OF THE PARTIES. THIS GUARANTEE SHALL NOT BE VARIED, SUPPLEMENTED, QUALIFIED, OR INTERPRETED BY ANY PRIOR COURSE OF DEALING BETWEEN THE PARTIES OR BY ANY USAGE OF TRADE.