



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 100146

Date Received

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**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City MANCHESTER State NH 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 authorized signature, your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 4/9/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
5NPEU4 \_\_\_\_\_  
Make HYUNDAI Model SONATA Model Year 2006  
Date Purchased 2/06 Dealer's Name and Telephone Number AUTOFAIR 603-634-1000 Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City MANCHESTER State NH Zip Code 03104  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
Vehicle Component Code 141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 30-MAR-2006 Failure Mileage 4000 Failure Speed \_\_\_\_\_

**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: DOTM15ABC036)  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 \_\_\_\_\_ Number of Deaths \_\_\_\_\_ 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).

DT: THE CONTACT STATED WHILE DRIVING AT NO SPECIFIC SPEED WITH A PASSENGER, THE AIR BAG LAMP ILLUMINATED COMMUNICATING TO THE CONTACT THAT THE AIR BAG IS DISABLED. THE PASSENGER IS THE WIFE OF THE CONTACT WHICH WEIGHED ENOUGH TO KEEP THE AIR BAG ACTIVATED. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION. THE DEALER DETERMINED THE AIR BAG SENSOR WAS OPERATING NORMAL; HOWEVER, THE DEALER DETERMINED THE PASSENGER SHOULD CHANGE POSTURE AND SITTING POSITIONS WHEN SITTING IN THE PASSENGER SEAT. On occasion the air bag functions properly, on occasion it does not.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 - Public Law 93-502 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 responses 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.