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 100148

Date Received	Repository ☐
2006 MAY 10 AM 9:2 11-APR-2006	Reference No. 10155065

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address				
City: PORT ORANGE	State: FL	Zip Code:	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 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
KMHWF35H	HYUNDAI	SONATA	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	JOHN HALL 386-255-9374			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City: DAYTONA BEACH	State: FL	Zip Code: 32117		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-APR-2006	26185	20	

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	1		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).

DT*: THE CONTACT STATED WHILE DRIVING 20MPH, THE VEHICLE CRASHED AND THE AIR BAGS DID NOT DEPLOY. THE CONTACT TRIED TO AVOID AN ANIMAL IN THE RDAD AND CRASHED INTO A PARKED VEHICLE. THE POINT OF IMPACT WAS TO THE FRONT OF THE VEHICLE. THE CONTACT WAS NOT WEARING A SEAT BELT AND THE CONTACT'S HEAD BUSTED THE WINDSHIELD. ONLY MINOR INJURIES WERE SUSTAINED. THE POLICE WERE AT THE SCENE OF THE ACCIDENT AND FILED A WRITTEN REPORT. ADDITIONAL, PROPERTY DAMAGE WAS TO THE PARKED VEHICLE.

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