



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

19-JUN-2006

Repository

Reference No.
10160195

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City FAR ROCKAWAY State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/19/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 5NPEL46F [REDACTED]
Make: HYUNDAI Model: SONATA Model Year: 2006
Date Purchased: 05-JUN-06 Dealer's Name and Telephone Number: HYUNDAI 716-581-0770 Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner: Dealer's City: VALLEY STREAM State: NY Zip Code: 11580
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 151000 SEAT BELTS: FRONT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 19-JUN-2006 Failure Mileage: 123 Failure Speed: [REDACTED]

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: DOTM19ABC036): [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: [REDACTED] Number of Deaths: [REDACTED] 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 USING THE DRIVER'S SEAT BELT, IT CUTS INTO THE NECK OF THE DRIVER. THERE IS NO WAY TO ADJUST THE SEAT BELT. THE DEALER STATED THE SEATBELT WAS MANUFACTURED THAT WAY. *Even with the seat manually adjusted forward, backward and up and down, the seat belt's shoulder adjuster is still below the driver's neck before the seat is adjusted. Then, as the car is driven, the adjuster, which is plastic, correction is needed.*

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Law 93-578 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.