



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
17-APR-2007 Reference No.
10188104

OWNER INFORMATION (Type or Print)

Name _____ Daytime Telephone Number _____ E-mail Address _____
Address _____ Evening Telephone Number _____
City SHELBYVILLE State IL Zip Code _____

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
KM8SC73D82L _____ HYUNDAI SANTA FE 2002
Date Purchased Dealer's Name and Telephone Number Engine: Fuel Type:
17-AUG-05 No: Cylinders 6 Gas
Original Owner Dealer's City State Zip Code
 Transmission Type Antilock Brakes Powertrain Vehicle Component Code
AUTOMATIC Cruise Control 4 WHEEL DRIVE 1S2000 SEAT BELTS; REAR
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage Failure Speed
05-APR-2007 91000 10

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: DOTMALS9ABC036) Original Equipment Failure Location:
 Prior Repair
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 Injury: Yes No Number of Persons Injured: 0 Number of Deaths: 0 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).

TL*THE CONTACT OWNS A 2002 HYUNDAI SANTA FE. THE CONTACT STATED THAT BOTH OF THE REAR SEAT BELT RETRACTORS FAILED. THE CONTACT PLACED THE CHILD SPAT ON THE REAR PASSENGER SIDE AND SECURED IT WITH THE SEAT BELT. WHILE TURNING A CORNER AT APPROXIMATELY 10 MPH THE CHILD SEAT OVERTURNED. THE CONTACT THEN POSITIONED THE CHILD SEAT ON THE REAR DRIVER'S SIDE, BUT COULD NOT SECURE IT BECAUSE THE SEAT BELT FAILED TO RETRACT. THE DEALER STATED THAT THE FAILURE WAS NOT UNDER WARRANTY, AND THAT THE CONTACT WOULD HAVE TO PAY FOR THE REPAIRS. THE CURRENT AND FAILURE MILEAGES WERE 91,000.*AK

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.