



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

PM 12:17
29-MAY-2007

Repository

Reference No.
10191929

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LUTHERSVILLE State MD 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 authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 6/18/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KMHWF35V5YA [REDACTED]
Make: HYUNDAI Model: SONATA Model Year: 2000
Date Purchased: 01-JAN-01 Dealer's Name and Telephone Number: NATIONWIDE HYUNDAI
Original Owner: Dealer's City: TIMON HUN State: MD Zip Code: 21043
Engine: No: Cylinders 6 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes: Cruise Control: Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 24-MAY-2007 Failure Mileage: 31000 Failure Speed: 60

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: DOTM9ABC036): [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: 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 2000 HYUNDAI SONATA. WHILE DRIVING 60 MPH, THE VEHICLE SUDDENLY STOPPED AND LOST POWER. THE CONTACT EVENTUALLY PULLED OFF THE ROAD AND APPROXIMATELY THREE TO FOUR MINUTES LATER, THE VEHICLE RESTARTED. THE DEALER DIAGNOSED THE CAUSE OF FAILURE AS THE CRANK POSITIONER SENSOR. THE CURRENT AND FAILURE MILEAGES WERE 31,000.

COASTED

(ALMOST REARRANGED BY OTHER VEHICLES)

NO PRIOR WARNING OF PROBLEM

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.

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).