



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: 2007 DEC 12 PM 12:42
23-OCT-2007
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: OLYMPIA State: WA 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 a signature, we will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 10/29/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KM8SC73D12U [REDACTED]
Make: HYUNDAI SANTA FE Model: HYUNDAI SANTA FE Model Year: 2002
Date Purchased: 01-SEP-02 Dealer's Name and Telephone Number: CAR PROS Engine: No: Cylinders 6 Fuel Type: Diesel GAS
Original Owner: Dealer's City: LACEY State: WA Zip Code: 98503
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: ALL WHEEL DRIVE TRACTION CONTROL
Vehicle Component Code: 141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-OCT-2007 Failure Mileage: 84000 Failure Speed: 35

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: DOTM19ABC036): 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: 1 Number of Deaths: 0 Reported to Police: 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).

TL*THE CONTACT OWNS A 2002 HYUNDAI (MODEL UNKNOWN). THE CONTACT WAS INVOLVED IN A CRASH WHILE DRIVING 35 MPH. THE DRIVER SIDE FRONT AIR BAG FAILED TO DEPLOY. ALTHOUGH SHE WAS WEARING HER SEAT BELT, THE CONTACT STRUCK THE LEFT SIDE OF HER FOREHEAD ON THE STEERING WHEEL AND WAS TRANSPORTED TO THE URGENT CARE CENTER FOR EXAMINATION. THE VEHICLE WAS DESTROYED. THE ROAD WAS SLIGHTLY DAMP AT THE TIME OF THE CRASH. A POLICE REPORT WAS FILED. THE CURRENT AND FAILURE MILEAGES WERE 84,000.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

DRIVING THE SANTA FE AT APPROX 35 MPH, A 2004 FULL SIZE CHEVROLET PICK UP, TRAVELING TOWARD ME, TURNED IN FRONT AND WAS STRUCK ON ITS RIGHT SIDE. THE AIR BAG DID NOT DEPLOY AND CAUSED ME TO HIT MY FOREHEAD ON STEERING WHEEL. I SUFFERED BRUISES AND BOTH BLACK EYES. THE VEHICLE (SANTA FE) WAS A TOTAL.

ATTACH ADDITIONAL SHEETS IF NECESSARY

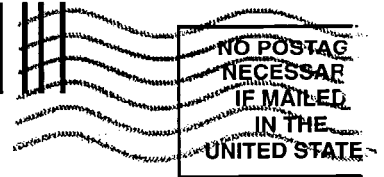
U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

TACOMA - OLYMPIA WA 983 30 OCT 2007 PM 1 L



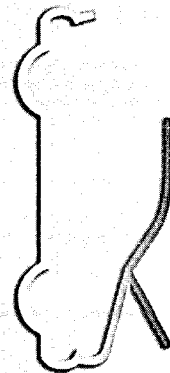
BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safecar.gov

or call:

Vehicle Safety Hotline
888-327-4236



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