U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 FEB -2 PM 1:28

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 ☐
02-DEC-2008	Reference No. 10250484

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address				
City BRIGANTINE	State NJ	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
KMHVF24N2X	HYUNDAI	ACCENT	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
8-11-1999	Sports H Hyundai - 609-646-1200			No: Cylinders	
Original Owner ☐	Dealer's City 6831 Black Horse Pike EHT.	State NJ	Zip Code 08234		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 02-DEC-2007

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 84439	Failure Speed 0

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	0	0	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 1999 HYUNDAI ACCENT. THE CONTACT STATED THAT THE AIR BAG INDICATOR HAS REMAINED ILLUMINATED IN HER VEHICLE FOR OVER A YEAR. SHE TOOK THE VEHICLE TO THE DEALER AND THEY STATED THAT MAINTENANCE WOULD HAVE TO BE PERFORMED ON THE AIR BAG. THE INSPECTION WOULD COST $70. THE CONTACT STATED THAT SHE WILL NOT PAY FOR THE REPAIR. SHE WAS INFORMED TO CALL THE MANUFACTURER TO SEEK ASSISTANCE. THE FAILURE MILEAGE WAS 84,439.

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