Form Approved: O.M.B. No. 2127-0008

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 ☐
06-APR-2009	Reference No. 10264265

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Addres			
City LANSING	State MI	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
KMHDN45D71U	HYUNDAI	ELANTRA	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure: 1	Incident Date(s) 05-APR-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 021000 SUSPENSION: FRONT	Failure Mileage 102000	Failure Speed 3

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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	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).

I MADE A RIGHT TURN OFF OF M59 IN HOWELL, MI ON TO N OLD US HWY 23. I SLOWED TO ALMOST A STOP, YIELDING FOR ONCOMING TRAFFIC TO MAKE A LEFT TURN INTO KROGER. UPON TURNING THE WHEEL TO THE LEFT AND TRYING TO DRIVE FORWARD I HEARD SOMETHING BREAK AND THE CAR WOULD NOT MOVE. UPON INVESTIGATION THE LOWER CONTROL ARM WAS BROKEN NEAR THE BALL JOINT. IT WAS NOT A BALL JOINT FAILURE, THE LOWER CONTROL ARM EITHER FATIGUED OR SHEARED, MAYBE DUE TO CORROSION. THE DRIVERS SIDE HALFSHAFT WAS PULLED FROM THE TRANSAXLE AT THE INNER CV JOINT. THE CAR WAS TOWED TO A FRIENDS HOUSE IN THE AREA AND IT SITS THERE PENDING A CHANGE IN THE WEATHER SO THAT REPAIRS CAN BE MADE. I LIVE IN LANSING WHICH IS AN HOUR AWAY FROM WHERE MY CAR IS. I PLAN TO TAKE PICTURES AND INVESTIGATE MORE WHEN I GET THE PARTS AND RETURN TO REPAIR IT, IF POSSIBLE. *TR

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


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