



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 18-MAY-2009	Repository <input type="checkbox"/>
	Reference No. 10269069

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City LOUDEVILLE	State KY	Zip Code
	Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an _____ your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 5/26/09 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side SNPEU46F18H	Make HYUNDAI	Model SONATA	Model Year 2008
Date Purchased 8/1/08	Dealer's Name and Telephone Number OXMOOR HYUNDAI 502-894-3400	Engine: No: Cylinders 6	Fuel Type:
Original Owner <input checked="" type="checkbox"/>	Dealer's City LOUISVILLE	State KY	Zip Code 40222
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) 09-MAY-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN TRANSMISSION / SHIFTER	Failure Mileage 19000	Failure Speed 0
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 2008 HYUNDAI SONATA. WHILE THE VEHICLE WAS PARKED IN THE CONTACT'S DRIVEWAY, HIS CHILD WAS ABLE TO PLACE THE GEAR INTO NEUTRAL. THE VEHICLE ROLLED BACKWARD, STRUCK A UTILITY BOX, AND DROVE OVER A BICYCLE. WHEN THE VEHICLE STRUCK THE UTILITY BOX, THE PASSENGER DOOR WAS ALMOST TORN OFF. THERE WERE NO INJURIES. THE DEALER SENT A PACKET WITH PAPERWORK ASKING FOR THE VEHICLE DESCRIPTION, INSURANCE REPORTS, AND PICTURES. THE VEHICLE IS CURRENTLY AT THE COLLISION CENTER BEING REPAIRED. THE ENTIRE PASSENGER SIDE WAS DAMAGED. THE VIN WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGES WERE 19,000.

3 YOUNG CHILDREN (7, 6, 5) IN CAR. CAR IN "PARK" - NO KEYS IN CAR. CHILDREN SHOULD NOT HAVE BEEN ABLE TO GET CAR OUT OF GEAR. SERIOUS INJURY COULD HAVE OCCURED.

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.