


This date is not correct. It should be June 16, 2009.

 <b>OCT 20 2009</b>		<b>DOT Auto Safety Hotline</b>		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>		<b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects <b>1-888-DASH-2-DOT</b> (1-888-327-4236) <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		Date Received 16-JUL-2009	Repository <input type="checkbox"/> Reference No. 10277032
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
LORAIN		OH			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an address to the vehicle manufacturer.					
Signature of Owner				Date 9/19/09	
<b>VEHICLE INFORMATION</b>					
17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
KMHWF25S3YA		HYUNDAI	SONATA	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
			No: Cylinders		
Original Owner	Dealer's City		State	Zip Code	
<input type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
	<input type="checkbox"/> Cruise Control			12-JUN-2009	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Codes: 010000 STEERING, 161000 STRUCTURE: FRAME AND MEMBERS, 021000 SUSPENSION: FRONT			Failure Mileage	Failure Speed	
			105000	44	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM9ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
Tire Component Code			Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	N	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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 BETWEEN 44-55 MPH, THE VEHICLE BEGAN PULLING TO THE LEFT WITHOUT ASSISTANCE. THE CONTACT EXPERIENCED DIFFICULTY STEERING THE VEHICLE AND HAD TO EXERT GREATER EFFORT TO TURN THE STEERING WHEEL. THE VEHICLE STEERED ONLY IN ONE DIRECTION WITHOUT WARNING. THE CONTACT MADE SEVERAL ATTEMPTS TO CORRECT THE STEERING BEFORE IT RESUMED NORMAL OPERATION. IN ADDITION, THE CONTACT HEARD A METAL NOISE OUTSIDE OF THE VEHICLE. THE VEHICLE WAS TOWED TO AN AUTHORIZED DEALER AND THEY STATED THAT THE FRONT SUBFRAME DETACHED FROM THE BODY DUE TO RUST CORROSION. NHTSA CAMPAIGN ID NUMBER 09V124000 (SUSPENSION) WAS REFERENCED. THE VEHICLE IS IN THE PROCESS OF BEING REPAIRED. THE CONTACT WAS DISPLEASED TO KNOW THAT A WHEEL ALIGNMENT WAS REQUIRED IN CONJUNCTION TO THE RECALL REPAIR. THE AUTHORIZED DEALER WOULD NOT ASSUME FINANCIAL RESPONSIBILITY FOR THE WHEEL ALIGNMENT. THE FAILURE MILEAGE WAS 105,000 AND THE CURRENT MILEAGE WAS UNAVAILABLE.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>					
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 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)

I don't feel their remedy was sufficient. Without front end alignment the vehicle was still unsafe. I should not have been charged for the alignment. My car was in perfect alignment until the frame broke as a result of their defect. I also had to provide my own rental car<sup>+</sup> during the repair. Not really fair but the alignment should have been part of the repair.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



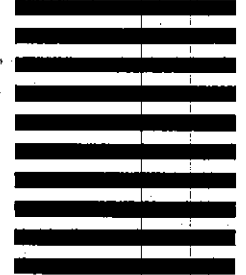
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US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:  
Use the enclosed form to file a report.

or visit:

[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
888-327-4236



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

