



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

15-JAN-2010

Repository

Reference No.  
10299861

**OWNER INFORMATION (Type or Print)**

Name

Address

City LINDEN HURST

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

KMHWF35V2YA

Make

HYUNDAI

Model

SONATA

Model Year

2000

Date Purchased  
APRIL 2000

Dealer's Name and Telephone Number  
ATLANTIC HYUNDAI

Engine:  
No: Cylinders  
6

Fuel Type:

Gas

Original Owner

Dealer's City  
WEST ISLIP

State  
N.Y.

Zip Code  
11795

Transmission Type  
Automatic

Antilock Brakes  
 Cruise Control

Powertrain  
2.4L DOHC

Multiple Failure:  
RIGHT FRONT wheel  
GAS PISTON NO DRIVE  
OR REV.

Incident Date(s)  
01-JAN-2010

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 020000 SUSPENSION

Failure Mileage  
108000

Failure Speed  
2

**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

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).

TL\*THE CONTACT OWNS A 2000 HYUNDAI SONATA. WHILE DRIVING AT SPEEDS OF LESS THAN 2 MPH, THE PASSENGER'S SIDE FRONT WHEEL SEPARATED FROM THE VEHICLE. THE VEHICLE WAS TOWED TO A NEARBY SERVICE STATION IN WHICH THEY STATED THAT THEY COULD NOT REPAIR THE VEHICLE. THE VEHICLE WAS THEN TAKEN TO THEIR INDEPENDENT MECHANIC WHERE THEY STATED THAT THE WHEEL SEPARATED FROM THE VEHICLE DUE TO CORROSION ON THE WHEEL WELL AND SUB-FRAME. THE SUB-FRAME AXLE WAS REPLACED UNDER RECALL. (SEE NHTSA CAMPAIGN ID NUMBER: 09V124000-SUSPENSION, NHTSA ACTION NUMBER: EA08016). THE CURRENT AND FAILURE MILEAGES WERE UNDER 108 000

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)

Hyundai did not fix Fender that was damaged  
DO TO Suspension Failure.

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

LONG ISLAND NY 117

25 JAN 2010 PM 2 L

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**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**

**or call:  
Vehicle Safety Hotline  
888-327-4236**



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

4ALPH AVE REPAIR/TOWING  
 553 18TH ST  
 WEST BABYLON, NY 11704

COPY  
 01/02/2010 17:28:40  
 Sale:

Transaction # 1  
 Card Type: VISA  
 Acc: \*\*\*\*\*  
 Entry: Manual  
 Total: 173.80  
 Auth. Code: 033653  
 Response: AP033653  
 AUS Resp.: ZIP code matches,  
 address does not.

CUSTOMER COPY

508610002 432485

Ralph Avenue Auto Repair  
 400 Ralph Ave  
 516-479-9600

Commerce Blvd.  
 Arityville NY 11701  
 (31 841 5100)

**PURCHASE ORDER**

TO: [REDACTED]

FROM: [REDACTED]

TERMS: [REDACTED]

CITY, STATE: [REDACTED]

SHIP TO: [REDACTED]

ADDRESS: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

HOW SHIPPED: [REDACTED]

REQ. NO. OR DEPT.: [REDACTED]

FOR: [REDACTED]

QUANTITY	DESCRIPTION	PRICE	UNIT
1	Car towed in RIF wheel		
2	falling off checked out Bond		
3	front subframe rotted & control		
4	arm let go which in turn damaged		
5	RIF fender & RIF axle shaft		
6	found recall for cou cone		
7			
8			
9			
10			
11			
12			

tax 75.00  
 check out 65.00  
 tax 13.80  
 173.80

**IMPORTANT**  
 PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES-PACKAGES, ETC.  
 PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

ORIG [REDACTED]

LINDENHURST  
231 E. SUNRISE HIGHWAY  
231 SUNRISE HWY  
LINDENHURST, NY 11757  
(631) 888-1122  
BAR/RS# : 706 7711

Service Manager :

**0168 2038287**

<b>Name:</b>	[REDACTED]	<b>Year:</b>	2000	<b>Date:</b>	2010-01-01
<b>Address:</b>	[REDACTED]	<b>Make:</b>	HYUNDAI	<b>Entered By:</b>	Philip A Coutrier
<b>City:</b>	Lindenhurst	<b>Model:</b>	SONATA	<b>Time In:</b>	12:01:41
<b>State:</b>	NY	<b>Engine:</b>	4-2351 2.4L DOHC	<b>Time Promised:</b>	2010-01-01 20:00:00
<b>Zip:</b>	[REDACTED]	<b>Vin No.:</b>		<b>Old Parts Returned:</b>	no
<b>Home Phone:</b>	[REDACTED]	<b>License No:</b>			
<b>Contact Phone:</b>	[REDACTED]	<b>Mileage:</b>	123		
		<b>Color:</b>			

<b>Initial Estimate</b>	<b>Parts \$:</b>	<b>Labor \$:</b>	<b>Total \$:</b>	<b>Date and Time:</b>
	0.00	59.98	65.15	2010-01-01 13:15:49

TYPE	PART	DESCRIPTION	CODE	MECHANIC	HRLY RATE	QTY	EACH	TOTAL
LB	4910	TOW 2 PEP - 1 800 PEPBOYS	N			1	39.99	39.99

**Parts: 0.00    Labor: 39.99    Other: 0.00    Tax: 3.45    Total: 43.44**

**General Comments**

Plate Number:  
Plate State:ZZ  
Towing Service:Allstate2  
Reference Number:0001002365  
Tow Provider:NY0600130  
Service Problem:Tire Damage

**General Comments**

Customer Name: [REDACTED]  
Contact Phone: ([REDACTED])

**Code Descriptions**

N:New

MO 7:30 AM - 6:00 PM TU 7:30 AM - 6:00 PM  
 WE 7:30 AM - 6:00 PM TH 7:30 AM - 6:00 PM  
 FR 7:30 AM - 6:00 PM SA 9:00 AM - 12:00 PM  
 SU CLOSED REF# 6NT1HF

OWNER OF VEHICLE RAC, INC  
 BRANCH ADDRESS EAST MONTAUK HIGHWAY, LINDENHURST, NY, 117576028 (631) 325-3200

DATE		RENTAL TYPE	SOURCE #	ID.#	RENTAL AGREEMENT NO.
1/2010 7:30 AM		DEalersHIP	BE RETAIL	050	D 49317
DOOR		RENTER	DAY = 24 HOUR PERIOD		
1/2010 7:30 AM		ASSO	ANTHONY		
RT CHARGES IF DIFFERENT		VEHICLE \$25.00/HOUR \$52.99/DAY			
ORIGINAL VEHICLE		NO CHARGE MILEAGE			
COLOR	LICENSE NO.	MILE-AGE IN OUT			
MODEL	ECAR#	DRIVEN			
MILE-AGE IN OUT		BILL TO	COMPANY	ATTN:	PHONE EXT.
CONDITION AND FUEL LEVEL		REFERENCE NUMBER: VIN# 2D4RN5D19A			
NO DAMAGE		ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. I REQUEST OWNER'S PERMISSION TO ALLOW NO OTHER DRIVERS PERMITTED			
FRONT VIEW		WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF, I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT. USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RENT.			
CONDITION SAME ON RETURN		PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S): NY - NJ - CT			
NO Gasoline Refunds		OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.			
OPTIONAL PRODUCTS NOTICE:		RENTER DECLINES OPTIONAL DAMAGE WAIVER (DW) AND ASSUMES DAMAGE RESPONSIBILITY		RENTER ACCEPTS OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 16. DW IS NOT INSURANCE.	
OFFER FOR AN ADDITIONAL CHARGE THE FOLLOWING OPTIONAL PRODUCTS: DAMAGE WAIVER; PERSONAL ACCIDENT INSURANCE; ROADSIDE ASSISTANCE PROTECTION AND SUPPLEMENTAL LIABILITY PROTECTION. BEFORE DECIDING WHETHER TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE CREDIT CARD PROVIDES YOU COVERAGE DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF THESE PRODUCTS IS NOT REQUIRED TO RENT VEHICLE.		RENTER: X Declines DW		RENTER: X Accepts DW \$8.99/DAY	
		RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) SEE PAGE 2, PARAGRAPH 9.		RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 18.	
		RENTER: X Declines PAI		RENTER: X Accepts PAI \$2.50/DAY	
		RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) SEE PAGE 2, PARAGRAPH 17.		RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT, ATTACHED POLICY, AND PAGE 3, PARAGRAPH 17.	
		RENTER: X Declines SLP		RENTER: X Accepts SLP \$12.50/DAY	
REPLACEMENT VEHICLE		ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, PAGES 1 THROUGH 6. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 6 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE "RENTER" UNDER THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVERS LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.			
OWNER REP X		DATE 01/04/2010		SALES TAX 17.625%	
I WILL RETURN CAR BY:		DEPOSIT(S):			
DATE	TIME	AMOUNT	PAID BY		
01/08/2010	7:30 AM	\$350.00	XXXXXXXXXXXX0822 01/04/2010		
ATTENTION: Enterprise purchases no third-party insurance covering this rental, but provides its renters and authorized drivers with minimum liability coverage, as required by the New York Vehicle and Traffic Law. Those coverages are: \$25,000 per accident for bodily injury to one individual/\$50,000 per accident for bodily injury to more than one individual; \$50,000 per accident for the death of one individual/\$100,000 per accident for the death of more than one individual; \$10,000 per accident for injury to or destruction of property. In addition, to the extent required by law, Enterprise will defend the renter and authorized drivers from all claims of third parties alleging bodily injury, death or property damage arising out of the operation of the rental vehicle. If additional liability coverage is desired you may purchase Supplemental Liability Coverage from Enterprise at an additional cost.		TOTAL CHARGES			
DEPOSITS		AMOUNT DUE			
REFUNDS		CLOSED BY			
PAID BY		CASH	CHECK	CHARGE	
RECEIPT OF CASH REFUND		DATE	AMOUNT	RECEIVED BY	

# k. van Bourgondien & sons, inc.

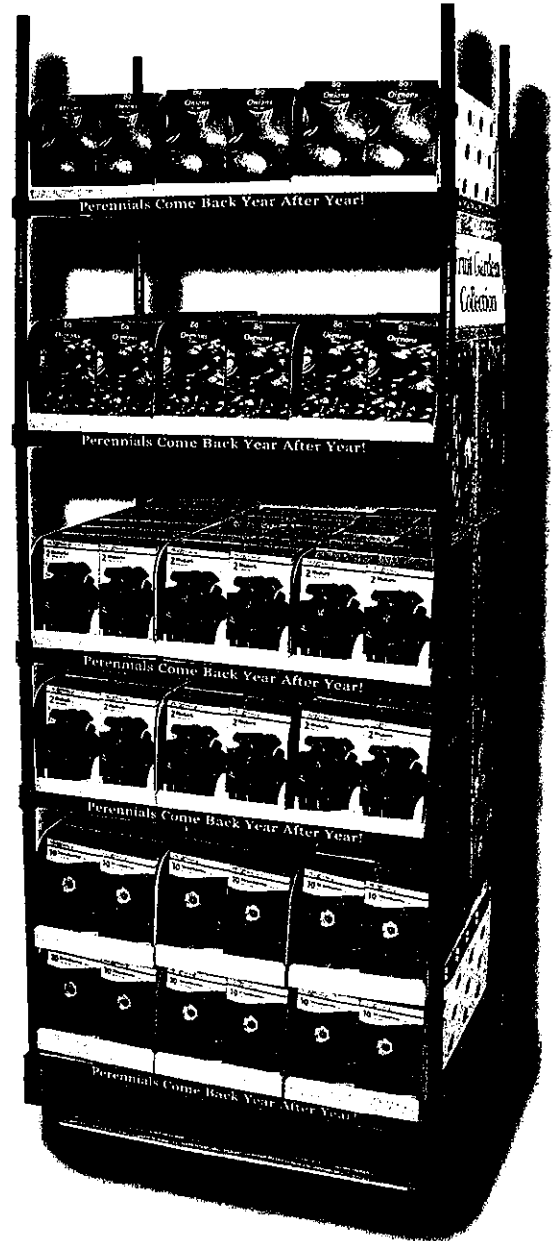
SPRING 2004

Assortment Item Number: 50579

Program:	HANS BRINKER BRAND VEGETABLES		
Assortment Type:	ONIONS, ASPARAGUS, STRAWBERRY		
Package Type:	TUBE	Size:	MEDIUM
Display Type:	METAL RACK	Size:	QUARTER
P.O.P.:	SIDE SIGNAGE	Type:	VEGETABLE

VARIETY	BULB SIZE	COLOR	COMMENT	BULBS/ PKG.	PKGS./ BIN	UPC 0.71861	COST/ PKGS.	SUGG. RETAIL	BINS/ DISPLAY	PKGS./ DISPLAY
<b>Onions</b>										
Stuttgarter Riesen	12/21.	yellow		80	12	30721-8	\$1.10	\$1.99	1	12
Ebenezer	12/21.	white		80	12	30722-5	\$1.10	\$1.99	1	12
Brunswick	12/21.	red		80	12	30723-2	\$1.10	\$1.99	1	12
<b>Asparagus</b>										
Mary Washington	#1			6	12	50376-6	\$2.25	\$3.99	3	36
<b>Rhubarb</b>										
Victoria	#1			2	12	50377-3	\$2.25	\$3.99	3	36
<b>Garlic</b>										
Giant California	#1		New	3	12	50396-4	\$2.25	\$3.99	1	12
<b>Strawberries</b>										
Tri-Star	#1		Constant Bearing	10	12	50370-4	\$2.25	\$3.99	4	48
Allstar	#1		June Bearing	10	12	50371-1	\$2.25	\$3.99	4	48

Total no. of pkgs. per display:	216
Total no. of bins per display:	18
Average cost per package:	\$2.06
Total cost per display:	\$444.60
Average sugg. retail per pkg.:	\$3.66
Total sugg. retail per display:	\$789.84
Gross Margin:	43.71%
Shelves per display:	6
Display dimensions W/D/H:	20x24x75
Display square feet:	3.3
Display cube / weight in LBS.:	20.5/275



Quotation prepared by: JVB/ML/PZ/TH  
Date: July 31, 2003





SPRING 2004

Program: HANS BRINKER BRAND STRAWBERRIES  
 Assortment Type: CASE ASSORTMENTS  
 Package Type: TUBE Size: SMALL  
 Display Type: BIN WITH PICTURE Size: BULBS  
 P.O.P: Type: BULBS

ITEM NO.	VARIETY	BULB SIZE	COLOR	COMMENT	BULBS/ PKG.	PKGS./ CASE	UPC 0.80106	COST/ PKGS.	SUGG. RETAIL	GROSS MARGIN
50370	<u>Everbearing Strawberries</u>									
	Tristar	#1			10	36	50370-4	\$2.35	\$3.99	

Total No. Of Pkgs. Per display:	36
Total cost per display:	\$84.60
Total retail per display:	\$143.64
Average gross margin	41%
Display dimensions W/D/H:	23x19x8
Display cube / LBS.:	2.0/35

50371	<u>Junebearing Strawberries</u>									
	Allstar	#1			10	36	50371-1	\$2.35	\$3.99	

Total No. Of Pkgs. Per display:	36
Total cost per display:	\$84.60
Total retail per display:	\$143.64
Average gross margin	41%
Display dimensions W/D/H:	23x19x8
Display cube / LBS.:	2.0/35

50373	<u>Strawberry Combination</u>									
	Tristar	#1			10	18	50370-4	\$2.35	\$3.99	
	Allstar	#1			10	18	50371-1	\$2.35	\$3.99	

Total No. Of Pkgs. Per display:	36
Total cost per display:	\$84.60
Total retail per display:	\$143.64
Average gross margin	41%
Display dimensions W/D/H:	23x19x8
Display cube / LBS.:	2.0/35



Quotation prepared by: JVB/ML/PZ/TH  
 Date: July 31, 2003