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: 04-OCT-2010	Repository ☐
	Reference No.: 10358994

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: EDISON	State: NJ	Zip Code	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	Make	Model	Model Year
KMHCG45G5YU	HYUNDAI	ACCENT	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
4/21/2000	Brad Benson 732-821-4000			No: Cylinders 4	gasoline
Original Owner ☐	Dealer's City: Monmouth Junction	State: NJ	Zip Code: 08852		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☐ Antilock Brakes ☐ Cruise Control	1.5 Liter SOHC Engine	Yes	19-JAN-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	55000	60

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			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 ACCENT. THE CONTACT WAS DRIVING 60 MPH AND DEPRESSING THE BRAKE PEDAL WHEN THE VEHICLE BEGAN TO DECREASE IN SPEED YET THERE WAS AN ABNORMAL INCREASE IN ENGINE RPMS. THE FAILURE WOULD OCCUR SPORADICALLY AND THE CONTACT WOULD SLIGHTLY DEPRESS THE ACCELERATOR PEDAL TO CORRECT THE FAILURE. THE VEHICLE WAS TAKEN TO A LOCAL AUTOMOTIVE FACILITY WHERE THE CONTACT WAS ADVISED OF A POTENTIAL RECALL (NHTSA CAMPAIGN ID NUMBER: 01V346000- VEHICLE SPEED CONTROL) AND TO HAVE THE DEALER INSPECT THE VEHICLE. THE DEALER ADVISED THE CONTACT THAT HIS VIN WAS NOT INCLUDED IN THE RECALL. THE MANUFACTURER VERIFIED THAT THE VEHICLE WAS NOT INCLUDED IN THE RECALL AND PROVIDED NO FURTHER ASSISTANCE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 55,000 AND THE CURRENT MILEAGE WAS 75,650.

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