

 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received JUL - 8 2013 21-MAY-2013	Repository <input type="checkbox"/> Reference No. 10513035
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	Evening Telephone Number
LAS VEGAS	NV		
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. KMHHN65F84U		Make HYUNDAI	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 21-DEC-2012
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)		Failure Mileage 99000	Failure Speed
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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" 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	
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 2004 HYUNDAI TIBURON. THE CONTACT STATED THAT WHEN THE FUEL TANK REACHED HALF FULL, THE FUEL GAUGE WOULD DISPLAY AN INACCURATE READING OF EMPTY. THE VEHICLE WAS NEITHER DIAGNOSED NOR REPAIRED. FIVE MONTHS LATER, THE CONTACT NOTICED FUEL LEAKING FROM THE VEHICLE. THE DEALER WAS NOTIFIED AND ADVISED HER TO BRING THE VEHICLE IN FOR DIAGNOSIS. THE CONTACT DECLINED AND STATED THAT THE FAILURE WAS ASSOCIATED WITH NHTSA CAMPAIGN NUMBER: 04V178000 (FUEL SYSTEM, GASOLINE). THE MANUFACTURER WAS NOT CONTACTED TO DETERMINE IF THE VEHICLE WAS INCLUDED IN THE RECALL CAMPAIGN. THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 99,000.			
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.			