


JUN 15 2015

 <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 16-APR-2015 Repository <input type="checkbox"/> Reference No. 10706092	
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	Evening Telephone Number
BERKLEY	MI		
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
5NPDH4AEYH		HYUNDAI	ELANTRA
Model Year		Engine:	Fuel Type:
2011		No: Cylinders	regular gas
Date Purchased	Dealer's Name and Telephone Number		4
8/5/14	Crest Hyundai/Volvo		
Original Owner	Dealer's City	State	Zip Code
<input checked="" type="checkbox"/>	Macomb	MI	48042
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure: air bags sensors
6speed	<input checked="" type="checkbox"/> Cruise Control	4cylinders 118L145HP 130lbs	
Incident Date(s)		repair failure	
01-AUG-2014		accident	
2/16/15			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 140000 AIR BAGS, 250000 ELECTRONIC STABILITY CONTROL, 110000 ELECTRICAL SYSTEM, 100000 POWER TRAIN		Failure Mileage	Failure Speed
Power steering/breaks leaks sensors		1580	30
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	Fire	Number of Persons Injured	Number of Deaths
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	0
Reported to Police		Y	
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 2014 HYUNDAI ELANTRA. THE CONTACT STATED THAT THE VEHICLE FAILED TO START AND STALLED WITHOUT WARNING. ALSO, THE VEHICLE VEERED TO THE RIGHT AND VIBRATED EXCESSIVELY AT HIGH SPEEDS. THE DEALER WAS MADE AWARE OF THE FAILURE, BUT DECLINED TO PERFORM THE REPAIR. WHILE DRIVING 30 MPH AND MAKING A LEFT TURN, THE CONTACT'S VEHICLE CRASHED INTO A TREE AFTER IT WAS REAR ENDED BY ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED A MILD CONCUSSION AND RECEIVED MEDICAL ATTENTION. BOTH THE DEALER AND MANUFACTURER WERE MADE AWARE OF THE FAILURES. THE FAILURE MILEAGE WAS 1,580.			
Dealer out of Business/car totaled may/data recorder not removed			
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.			

TO: NATIONAL HIGHWAY SAFETY COUNCIL

FROM: [REDACTED]

RE: ACCIDENT FEBRUARY 16, 2015 -- HYUNDAI ELANTRA 4 DOOR RED SEDAN VIN# 5NPDH4AEXEH [REDACTED] MILES AT TIME OF CRASH 3,570

DATE: FEBRUARY 28, 20015

I WOULD LIKE TO FILE A COMPALINT WITH THE NHSC CONCERNING MY AIR BAGS.

ON FEBRUARY 16 AT ABOUT 12:00 WHILE ATTEMPTING TO MAKE A LEFT TURN INTO A GAS STATION LOT I WAS REAR ENDED BY A CHEVY SUV AND PUSHED HEAD ON INTO A TREE.

THERE IS EXTENSIVE STRUCTURAL DAMAGE TO THE VEHICLE - \$8,000 TO \$10,000.

THE CAR WAS HIT AFTER 2 WEEKS AT THE DEALER DURING AN INSPECTION ON A HOIST AND THERE WAS DAMAGE TO THE FRONT END THAT THEY REFUSED TO FIX.

AT A BBB HEARING THE HYUNDAI REPRESENTATIVE UNDER OATH SAID THE CAR WAS HIT HEAD ON LOWER BUMPER. (DEALER IS NOW OUT OF BUSINESS)

THE CAR WAS ROAD TESTED BY BBB REPRESENTATIVE HOWEVER RESULTS WERE PULLED AFTER I REPORTED THE ACCIDENT TO THE BBB REPRESENATIVE

THE CAR IS UNSAFE AT ANY SPEED

- POWER STEERING DOESN'T WORK TURNING RIGHT STIFF UNRESPONSIVE LIGHT COMES ON
- PROWER BRAKES FADE AT ANY SPEED ALMOST RAN INTO A GAS PUMP, SLIDE OUT INTO THE STREET FROM MY COMPLEX UNABLE TO STOP AT HIGH SPEEDS
- FRONT/BACK WINDOWS LEAK WATER INSIDE FROST INSIDE
- READ DEFOGGER DOESN'T WORK -- GLUED WINDOWS LEFT TAPE DIRTY SAND ALL OVER CAR AND STILL DIDN'T FIX DEFOGGER
- CRUISE STICKS AT A SPEED WILL NOT RELEASE STEP ON BRAKE 3 TO 5 TIMES CRAZY!!!!
- AIR BAGS LIGHT ON AS WELL AS BRAKE BELL GOES OFF SOMETIMES DON'T KNOW WHY
- SENSORS/MODULARS DON'T WORK UNABLE TO DUPLICATE PROBLEM
- AIR BAGS DID NOT INFLATE DURING ACCIDENT SENOR DIDN'T READ NO LIGHT ON DASH
- SINCE CAR WAS HIT ON RACK AT DEALER SOME ASSESSORIES DO NOT WORK
- CAR LOCKED UP BELL WENT OFF AND WOULD NOT START SECOND WEEK AFTER PURCHASE

ACCIDENT -- [REDACTED] IN FRONT OF GAS STATION

I WOULD LIKE THE NHSC THE INVESTIGATE WHY MY AIR BAGS DID NOT INFLATE IN A FRONT END CRASH

Unit Known Y	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 1	Hazardous Action 00-NONE
Vehicle Type ORION MI	Injury 0	Position 01	Restraint 4	Hospital NONE				
Driver Condition <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99			Interlock NO	Ejected NO	Trapped NO	Airbag Deployed NO	Ambulance NONE	
Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine			Test Results			Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not offered Test Type <input type="radio"/> Blood <input type="radio"/> Urine		
Vehicle Registration MI	State MI	Insurance / Policy # AAA	Towed To By GARVIN 2230 PONTIAC RD, AUBURN HILL			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN 5NPDH4AEXEH	Vehicle Description HYUNDAI	Make HYUNDAI	Model ELANTRA	Color RED	Year 2014	Vehicle Type 01-PASSENGER CAR		
Location of Greatest Damage 1	First Impact 5	Extent of Damage 3	Drivable NO	Vehicle Direction W	Vehicle Use 01-PRIVATE	Action Prior 03-TURNING RIGHT		
Sequence of Events First 17-MOTOR VEH IN TRANSPORT			Second 04-RAN OFF ROADWAY-RIGHT * 39-TREE			Third 39-TREE		

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Carrier Information				Carrier Source	GWR	ICCMC	USDOT	MPSC
				Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #

Owner Information ORION MI	Owner Information
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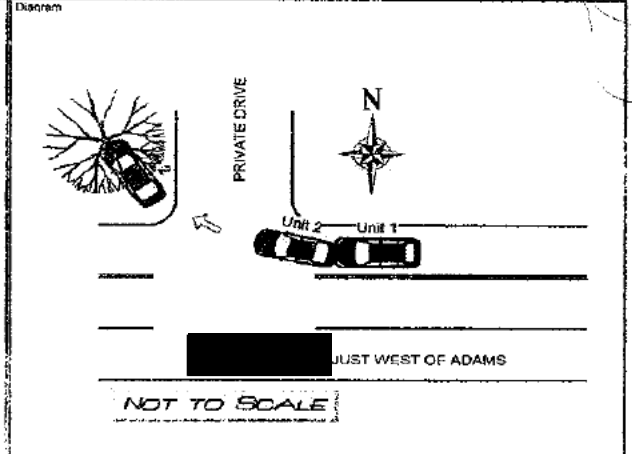
Witness Information	Witness Information
Age:	Age:

Investigated Scene YES	Reported Date (Time) 02/16/2015 (12:08)	1st Investigator Name (Badge) J. BREHMER (101)	2nd Investigator Name (Badge)	Photos By
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DRIVER #1 STATED THAT HE WAS LOOKING DOWN AT THE RADIO AND DID NOT SEE VEHICLE #2 SLOWING TO MAKE THE TURN INTO THE GAS STATION. AS A RESULT VEHICLE #1 STRUCK VEHICLE #2 IN THE REAR WHICH PUSHED VEHICLE #2 OFF THE ROADWAY AND INTO A TREE ON THE GAS STATION PROPERTY.

GARVIN'S TOWING HAD TO COME GET THE VEHICLE #2. VEHICLE #1 WAS DRIVABLE. NO ONE WAS HURT IN THE ACCIDENT.

I ISSUED A TICKET TO DRIVER #1 FOR FAILING TO STOP ASSURED CLEAR DISTANCE.



Assembly: 1949 PA 300, Sec 257.622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External # 00534900
Crash ID 534900

Page 1 of 1
Incident # [REDACTED] Class 93001
Incident Disposition
CLOSED
Reviewer
HOLLENBECK (00121)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORR: MI6385100 Department Name: AUBURN HILLS POLICE DEPARTMENT

Crash Date: 02/16/2015	Crash Time: 12:08	No. of Units: 2	Crash Type: 5-REAR END	Special Circumstances: <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Ran	Special Checks: <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County: 63 - OAKLAND	Traffic Control: NONE OF THESE	Relation to Roadway: ON ROAD	Special Study:	Weather: CLOUDY	Area: 10-NON-FRWY STRAIGHT ROADWAY			
City/Twp: 93 - AUBURN HILLS	Construction Zone (if applicable):	Lane Closed:	Activity:	Light: DAYLIGHT	Road Condition: DRY	Total Lanes: 3	Speed Limit: 30	Posted: YES

LOCATION

Prefix: [REDACTED]	Road Name: [REDACTED]	Road Type: ROAD	Suffix: [REDACTED]	Divided Roadway: [REDACTED]
Distance: 75 FT W	Traffic Way: 1-NOT PHYSICALLY DIVIDED	Access Control: 1-NO ACCESS CONTROL		
Prefix: [REDACTED]	Intersecting Road: [REDACTED]	Road Type: ROAD	Suffix: [REDACTED]	Divided Roadway: [REDACTED]

DRIVER

Unit Number: 1	Unit Known: Y	State: MI	Driver License Number: [REDACTED]	Date of Birth (Age): [REDACTED]	License Type: <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements: <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex: M	Total Occupants: 1	Hazardous Action: 12-UNABLE TO STOP IN A
Unit Type: M	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Injury: <input type="radio"/> None <input type="radio"/> 01	Position: 4	Restraint: NONE	Hospital: [REDACTED]	[REDACTED]
Driver Condition: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock: NO	Ejected: NO	Trapped: NO	Airbag Deployed: NO	Ambulance: NONE	[REDACTED]
Alcohol: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Field <input type="radio"/> Other				Test Type: <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results: [REDACTED]	Drugs: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine	Test Results: [REDACTED]	Citation Issued: <input type="radio"/> Hazardous <input type="radio"/> Other	[REDACTED]
Vehicle Registration: MI	State: MI	Insurance / Policy #: FRANKENMUTH	Towed To/By: [REDACTED]	Special Vehicles: 0	Private Trailer Type: [REDACTED]	Vehicle Defect: [REDACTED]			
VIN: 2GNFLEK2C6	Vehicle Description: CHEVROLET	Make: CHEVROLET	Model: EQUINOX	Color: BLACK	Year: 2012	Vehicle Type: 01-PASSENGER CAR			
Location of Greatest Damage: 1	First Impact: 1	Extent of Damage: 1	Driveside: YES	Vehicle Direction: W	Vehicle Use: 01-PRIVATE	Action Prior: 01-GOING STRAIGHT AHEAD			
Sequence of Events: * 17-MOTOR VEH IN TRANSPORT									

PASSENGER

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital

CARRIER

Carrier Information	Carrier Source: GWWR	ICCMC	USDOT	MPSC			
Driver's CDL Type	Endorsements: <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt: <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions: <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36				
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First, Second, Third, Fourth	Cargo Body Type	Medical Card	Hazardous Material: <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #

OWNER

Owner Information: BLOOMFIELD HILLS MI	Owner Information				
Person Advised of Damaged Traffic Control	Contact Name:	Contact Date:	Contact Time:	Damaged Property	Public
				Owner & Phone	

SUBURBAN COLLISION

1759 MAPLELAWN DR, TROY, MI 48084
Phone: (248) 649-6100
FAX: (248) 649-6017

Workfile ID: [REDACTED]
State ID: B 38 270 1053

Preliminary Estimate

Customer: HARRIS, YVONNE

Job Number:

Written By: BILL CARMACK bcarmack@suburbancollection.com
Adjuster: 49104, (877) 210-5678 Business

Insured: [REDACTED]
Type of Loss: Collision
Point of Impact: 06 Rear

Policy #: [REDACTED]
Date of Loss: 2/16/2015 11:59:00 AM

Claim #: [REDACTED]
Days to Repair: 0

Owner:
[REDACTED]
ORION, MI [REDACTED]
[REDACTED] Evening
[REDACTED] Day

Inspection Location:
MI 48084
Repair Facility

Insurance Company:
AUTO CLUB INSURANCE ASSOCIATION
MICHIGAN REGION
1 AUTO CLUB DRIVE
DEARBORN, MI 48126
(877) 210-5678 Business

VEHICLE

Year: 2014	Body Style: 4D SED	VIN: 5NPDH4AEXEH [REDACTED]	Mileage In: 3570
Make: HYUN	Engine: 4-1.8L-FI	License: [REDACTED]	Mileage Out:
Model: ELANTRA LIMITED	Production Date:	State: MI	Vehicle Out:
Color: RED Int:	Condition:	Job #:	

TRANSMISSION

Automatic Transmission
Overdrive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Tinted Glass
Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Steering Wheel Touch Controls
Telescopic Wheel
Backup Camera w/Parking Sensors

RADIO

AM Radio
FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System
Hands Free Device

SEATS

Redining/Lounge Seats

Leather Seats

Heated Seats

Rear Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Traction Control
Stability Control
Signal Integrated Mirrors
Power Trunk/Gate Release

Preliminary Estimate

er: [REDACTED]

Job Number:

Vehicle: 2014 HYUN ELANTRA LIMITED 4D SED 4-1.8L-FI RED

SUBTOTALS	5,610.94	36.9	19.0
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ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			5,366.94
Body Labor	28.5 hrs @	\$ 38.00 /hr	1,083.00
Paint Labor	19.0 hrs @	\$ 38.00 /hr	722.00
Mechanical Labor	1.4 hrs @	\$ 90.00 /hr	126.00
Frame Labor	7.0 hrs @	\$ 45.00 /hr	315.00
Paint Supplies	19.0 hrs @	\$ 26.00 /hr	494.00
Other Charges			244.00
Subtotal			8,350.94
Sales Tax	\$ 5,860.94 @	6.0000 %	351.66
Grand Total			8,702.60
Deductible			2,000.00
CUSTOMER PAY			2,000.00
INSURANCE PAY			6,702.60

car total - May Ins. Auto Auctions

AUTO CLUB INSURANCE ASSOCIATION, MEMBERSELECT INSURANCE COMPANY OR AUTO CLUB GROUP INSURANCE COMPANY (HEREIN INDIVIDUALLY AND COLLECTIVELY REFERRED TO AS ACIA) GUARANTEES THAT IT WILL REPLACE THE QUALITY REPLACEMENT PARTS (PARTS NOT MANUFACTURED BY THE ORIGINAL EQUIPMENT MANUFACTURER) IDENTIFIED ON THE VEHICLE ESTIMATE ASSOCIATED WITH THIS GUARANTEE IF A DEFECT IS DISCOVERED.

ACIA FURTHER GUARANTEES THAT THE QUALITY REPLACEMENT PARTS, EXCLUDING GLASS AND MECHANICAL PARTS, ARE CERTIFIED OR VALIDATED TO BE OF OEM QUALITY IN ALL INSTANCES WHEN THIS CERTIFICATION OR VALIDATION IS AVAILABLE FOR THE PART. THIS GUARANTEE IS IN EFFECT FOR AS LONG AS YOU OWN THE REPAIR VEHICLE AND IS NOT TRANSFERABLE TO ANOTHER PARTY AT ANY TIME. THIS GUARANTEE COVERS THE COST OF THE PART, LABOR TO INSTALL, PAINT AND MATERIALS IF REQUIRED, AND REASONABLE RENTAL COST OF A SIMILAR TEMPORARY REPLACEMENT VEHICLE DURING THE REPAIRS. THIS GUARANTEE DOES NOT COVER CLAIMS FOR DIMINUTION IN VALUE OR CONSEQUENTIAL DAMAGES.

IF A DEFECT IN A QUALITY REPLACEMENT PART IS DISCOVERED, CONTACT YOUR LOCAL ACIA CLAIMS DEPARTMENT IMMEDIATELY AND ACIA WILL REPLACE THE PART WITH A NEW ORIGINAL EQUIPMENT MANUFACTURER PART. IF AN ORIGINAL EQUIPMENT MANUFACTURER PART IS NOT REASONABLY COMMERCIALY AVAILABLE, ACIA WILL REPLACE THE DEFECTIVE PART WITH ANOTHER QUALITY REPLACEMENT PART.

Estimated total \$13,000 - \$15,000