



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	Repository <input type="checkbox"/>
22-OCT-2015	Reference No. 10785409

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address	
Address			[REDACTED]		[REDACTED]	
City		State	Zip Code		Evening Telephone Number	
BRATTLEBORO		VT	[REDACTED]			

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 KMHCN46C99U [REDACTED]			Make HYUNDAI	Model ACCENT	Model Year 2009
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	Powertrain	Multiple Failure:		Incident Date(s) 22-OCT-2015
	<input type="checkbox"/> Cruise Control				

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 82000	Failure Speed 30
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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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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).

IN/ABOUT 11/13/2014 THE AIR BAG WARNING LIGHT ACTIVATED AND STAYED IT. DEALER'S OPTION WAS TO CHARGE FOR OBTAINING THE CODE AND POSSIBLY BILL AS MUCH AS \$1,400 TO REPLACE THE SEAT. ANOTHER MECHANIC REPORTED THE CODE AS "B 1448 OCS" [OCCUPANT CLASSIFICATION SYSTEM - MAT FAILURE]. AFTER SEVERAL ATTEMPTS AT RESETTNG THE SYSTEM AND CLEANING THE CONTACTS, REPLACED THE SEAT WITH A USED SEAT FOR \$200 ON 10/22/2015

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 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.

From: [Abbew, Margaret CTR \(NHTSA\)](#)
To: [Fogle, Brenda CTR \(NHTSA\)](#)
Subject: FW: NHTSA: Follow up to ODI Complaint: ----10785409-----
Date: Monday, November 30, 2015 12:30:55 PM
Attachments: [10785409 Annotated.pdf](#)
[Invoice.pdf](#)
[Invoice 2.pdf](#)

From: Williams, Maritza CTR (NHTSA) **On Behalf Of** DataQuality, DataQuality (NHTSA)
Sent: Monday, November 30, 2015 10:34 AM
To: Abbew, Margaret CTR (NHTSA)
Subject: FW: NHTSA: Follow up to ODI Complaint: ----10785409-----

Questionnaire.

From: [REDACTED]
Sent: Tuesday, November 24, 2015 9:17 PM
To: DataQuality, DataQuality (NHTSA)
Subject: NHTSA: Follow up to ODI Complaint: ----10785409-----

Attached please find completed VOQ for the above reference no.
10785409
and copies of two invoices.

Thank you.

[REDACTED]
[REDACTED]
Brattleboro VT [REDACTED]

email: [REDACTED]
home: [REDACTED]
cell: [REDACTED]

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