

 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 2016 26-FEB-2016	Repository <input type="checkbox"/> Reference No. 10838722
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		E-mail Address	
City KEALAKEKUA	State HI	Zip Code [REDACTED]	
<i>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).</i>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KMHCM36C38U [REDACTED]		Make HYUNDAI	Model ACCENT
		Model Year 2008	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
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) 26-FEB-2016
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 140000 AIR BAGS		Failure Mileage 94000	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 2008 HYUNDAI ACCENT. THE CONTACT STATED THAT THE AIR BAG LIGHT REMAINED ILLUMINATED IN THE VEHICLE. THE VEHICLE WAS DIAGNOSED, BUT NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE FAILURE MILEAGE WAS 94,000. 2-29-16: PARTS ORDERED 3-07-16: REPAIRS PERFORMED } SEE ATTACHED INVOICES TOTAL = \$1117.99			
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.			



BIG ISLAND MOTORS

KONA

75-5793 Kuakini Hwy.
 Kailua-Kona, HI 96740
 Phone: (808) 329-5274
 HYUNDAI MAZDA SUBARU
 bigislandmotors.com

Date Printed: 02/29/16 Time Printed: 11 48 AM Page: 1

Sold To [REDACTED] Kealahou, HI [REDACTED] Home: [REDACTED] Work: [REDACTED]				Ship To [REDACTED] Phone [REDACTED] Phone [REDACTED]			
P.O. #	A/R Cust #	Close Date	Sales Person Melanie Barrozo	Customer Type R	Date 02/29/16	Invoice # [REDACTED]	

Part Number	Mfg	Description	Bin	Av/OH	List	Price	QtyOrd	QtyShp	Amount
882001E320MWK	HYU	CUSHION ASSY-F...		-1 / -1	1194.20	794.50	1	1	794.50

Payment Distributions
 Account Description

A

BIG ISLAND MOTORS - KONA
 75-5793 KUAKINI HWY
 KAILUA-KONA HI 96740

Payment Description

Merchant ID: 500034699
 Term ID: 6065

Sale

MASTERCARD

XXXXXXXXXX [REDACTED]

Entry Method: Swiped

Approved: Online

Batch#: [REDACTED]

02/29/16

12:10:00

Inv#: [REDACTED]

Appr Code: [REDACTED]

Total: \$ 905.76

Customer Copy THANK YOU!	Sub-Total	794.50
	Sales Tax	33.13
	Special Tax	0.00
	HazMat Charge	0.00
	Freight	75.00
	Misc Charge/Discount	0.00
	Freight Tax	3.13
TOTAL		905.76
Customer Signature		Payment Method
Distribution:		
Customer Type: Retail		
Notes: ETA on the part will be 7-10 working days from date ordered.		
DISCLAIMER OF WARRANTIES		
All parts, accessories & labor are warranted for six months. This warranty is in lieu of all other expressed or implied warranties. All parts are installed new unless specified otherwise. \$25.00 charge on all returned checks. Net 30 day terms: A finance charge of 1.5% per month will be charged on all overdue accounts. (Annual percentage rate 18%)		
RETURN POLICY		
All claims & returned goods must be accompanied by this invoice. Merchandise may not be returned after 10 days. No returns on specially ordered merchandise, electrical, and glass parts. I acknowledge terms of the return policy.		



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Kealakekua, HI Phone (H): [REDACTED] Phone (W): ([REDACTED]) Phone (C): [REDACTED] Phone Oth: ([REDACTED]) Email: na		A/R Number: [REDACTED] Customer Number: [REDACTED] PO Number: Auth Number: Service Writer: Maria Villanueava Estimate Amount: \$ 212.23 Terms & Conditions: Type of Sale: Retail	Invoice Number: [REDACTED] Printed: MAR 7 16 12:23 PM Copy # 1 Date Opened: MAR 7 16 Date Notified: Date Delivered:
Year/Make/Model: 2008 Hyundai Accent VIN: KMHCM36C3 8U [REDACTED] License Number: [REDACTED] Color: White Stock Number: [REDACTED] Mileage In: 95051 Tag Number: 693 Mileage Out: 95052		Customer Signature	

Description	QtyOrd	Qty Del	Price	Ext Total	Grand Total
1. Customer statement of problem					
Customer states REPLACE AIR BAG OCS MAT PARTS PAID OVER THE COUNTER					
1 - Cause/Action to Take					
Airbag light on due to faulty ocs mat					
1 - Correction/Action Taken					
Replaced passenger lower seat assembly with ocs mat and confirmed mil went out with no codes					
			997043		208.00
<u>Miscellaneous Charges and Deductions</u>					
10% Service Discount					
					0.00
					-40.00
					168.00
2. Customer statement of problem					
NEEDS SAFETY CHECK W/O GLASS TINTING INSPECTI					
22 -					
1 - Correction/Action Taken					
PERFORM SAFETY CHECK					
<u>Miscellaneous Charges and Deductions For All Jobs</u>					
Shop Supplies					
					19.19
					0.00
					19.19
					14.95
Total: \$ 212.23					
All parts, accessories & labor are warranted for six months. This warranty is warranties. All parts are installed new unless specified otherwise. Service c 10% of the labor is included for supplies used on your vehicle. Maximum ch are: Nuts, bolts, washers, tape, pins, aerospray, glue, solvent, rags, carbure cleaner, wire, window sealer, etc.					
\$25.00 charge on all returned checks. Net 30 day terms: A finance chage of 1.5% per month will be charged on all overdue accounts. (Annual percentage rate 18%)					
Total Labor 227.19 Total Parts 0.00 Total Sublet 0.00 Misc. Chrgs -25.05 Car Rental 0.00 Freight 0.00 Deductible 0.00 Special Tax 0.00 Haz Mat Chrg 0.00 Sales Tax 10.09 AMOUNT DUE 212.23					

BIG ISLAND MOTORS - KONA
75-5793 KUAKINI HWY
KAILUA-KONA HI 96740

Merchant ID: 500034639
Term ID: 6065

Sale

Application Label: MasterCard

MASTERCARD

XXXXXXXXXXXX [REDACTED]

AID: A0000000 [REDACTED]

Entry Method: Chip

Apprvd: OnLine

03/07/16

Batch#: [REDACTED]

12:38:04

Inv#: [REDACTED]

Appr Code: [REDACTED]

TUR: 0000000000
TSI: E800

Customer Copy

THANK YOU!