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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------|----------------------------------------|
|  <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | <b>INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6)</b><br><b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b> |                          | <b>FOR AGENCY USE ONLY 100148</b>          |                                        |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | <b>Date Received</b><br>19-MAY-2017<br><b>JUL 11 2017</b>                                                                                                                                                                                                                 |                          | <b>Repository</b> <input type="checkbox"/> |                                        |
| <b>Name</b> [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | <b>Daytime Telephone Number</b> [REDACTED]                                                                                                                                                                                                                                |                          | <b>Reference No.</b><br>10990595           |                                        |
| <b>Address</b> [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | <b>Evening Telephone Number</b>                                                                                                                                                                                                                                           |                          | <b>E-mail Address</b>                      |                                        |
| <b>City</b><br>DOVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>State</b><br>DE                                                                  | <b>Zip Code</b> [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).                                                                                                                                                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>KMHCN46C39L [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | <b>Make</b><br>HYUNDAI                                                                                                                                                                                                                                                    |                          | <b>Model</b><br>ACCENT                     |                                        |
| <b>Model Year</b><br>2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | <b>Engine:</b><br>No: Cylinders                                                                                                                                                                                                                                           |                          | <b>Fuel Type:</b><br>gasoline              |                                        |
| <b>Date Purchased</b><br>Aug 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Dealer's Name and Telephone Number</b><br>Winner Hyundai                         |                                                                                                                                                                                                                                                                           | <b>State</b><br>DE       |                                            | <b>Zip</b><br>19904                    |
| <b>Original Owner</b><br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Dealer's City</b><br>Dover                                                       |                                                                                                                                                                                                                                                                           | <b>State</b><br>DE       |                                            | <b>Zip</b><br>19904                    |
| <b>Transmission Type</b><br>automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control | <b>Powertrain</b><br>ch?                                                                                                                                                                                                                                                  | <b>Multiple Failure:</b> |                                            | <b>Incident Date(s)</b><br>18-MAY-2017 |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |
| Vehicle Component Code: 130000 VISIBILITY/WIPER (PWS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                                                                           |                          | <b>Failure Mileage</b><br>28000            | <b>Failure Speed</b><br>35 mph         |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |
| <b>Tire Make</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | <b>Tire Model (Name or Number)</b>                                                                                                                                                                                                                                        |                          | <b>Tire Size (Example P215/65R15)</b>      |                                        |
| <b>DOT No. (Example: DOTM19ABC036)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                                                                                                                                                                                      |                          | <b>Failure Location:</b>                   |                                        |
| <b>Tire Component Code</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                                                           |                          | <b>Tire Failure Type:</b>                  |                                        |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |
| <b>Make:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     | <b>Date Manufactured:</b>                                                                                                                                                                                                                                                 |                          | <b>Model No./Name:</b>                     |                                        |
| <b>Seat Type:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | <b>Installation System:</b>                                                                                                                                                                                                                                               |                          |                                            |                                        |
| <b>Child Seat Component Code:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | <b>Failed Part:</b>                                                                                                                                                                                                                                                       |                          |                                            |                                        |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |
| <b>Crash</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Fire</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <b>Number of Persons Injured</b><br>none                                                                                                                                                                                                                                  | <b>Number of Deaths</b>  | <b>Reported to Police</b><br>N             |                                        |
| <b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><br>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 2009 HYUNDAI ACCENT. WHILE THE CONTACT'S HUSBAND WAS DRIVING, THE SUN VISOR DROPPED DOWN AND FAILED TO STAY IN POSITION. THE FAILURE INTERFERED WITH HIS VISION. THE CONTACT WAS CONCERNED THAT THE FAILURE COULD CAUSE A CRASH. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE, BUT DID NOT OFFER ASSISTANCE. THE APPROXIMATE FAILURE MILEAGE WAS 28,000.                                                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |
| * This very well could have resulted in an accident - fortunate that husband is an excellent driver! Hazardness directly related to height of driver & therefore view.                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |
| 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. |                                                                                     |                                                                                                                                                                                                                                                                           |                          |                                            |                                        |