



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

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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: TAFT State: CA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]  
Evening Telephone Number: [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: KMHWF25S93A [REDACTED]  
Make: HYUNDAI Model: SONATA Model Year: 2003  
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: 6 No. Cylinders: 6 Fuel Type: gas  
Original Owner:  Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Transmission Type: Automatic  Antilock Brakes  Powertrain: [REDACTED] Multiple Failure: *Passby - smoke under passenger gas, recall* Incident Date(s): 26-MAR-2018  
 Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Failure Mileage: 180000 Failure Speed: 10

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: [REDACTED] Number of Deaths: 2 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 2003 HYUNDAI SONATA. THE CONTACT STATED WHILE DRIVING APPROXIMATELY 10 MPH, THERE WAS SMOKE EMITTING FROM THE FRONT OF THE VEHICLE. IN ADDITION, THERE WAS AN ABNORMAL ODOR OF FUEL INSIDE THE VEHICLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE THE FAILURE COULD NOT BE DETERMINED. THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 04V178000 (FUEL SYSTEM, GASOLINE). A LOCAL DEALER WAS NOT CONTACTED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 180,000.

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.