INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

Safety Complaint Portable Form

Step 1: Complete this form.
Step 2: Click here to save the form to your computer.
Step 3: Click here to access the upload web page.

Temporary Complaint Number (TCN): AJN18-54733

EQ-11287290-3454

This PDF document is secured and the content is protected

Required Information in **Bold**

Form Approved: OMB No. 2127-0008; Expires 08/31/2021

Vehicle Information

Vehicle Identification Number (VIN) (See instructions on the next page to locate the VIN.)

K	M	H	T	C	6	A	E	7	G	U	[redacted]
1	2	3	4	5	6	7	8	9	10	11	12 13 14 15 16 17

Select/Enter Make: HYUNDAI

Enter Model: VELOSTER

Select/Enter Year: 2016

Incident Information

Approximate Incident Date: 11/10/2018 (mm/dd/yyyy)
For multiple incident dates enter the first date of occurrence.

Was there a Crash? ○ Yes ◉ No

Was there a Fire? ○ Yes ◉ No

Failure Mileage: 69,000 miles
For multiple incidents enter the first failure mileage.

Number of Deaths, if any: 0

Number of Persons Injured, if any: 1

Speed (at time of incident): 35 mph

Was medical attention required? ◉ Yes ○ No

Description (up to 1900 characters)
627 characters remaining

WARNING: This description, exactly as you enter it, may appear in a public NHTSA database.
Do not include any personal information (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

The failure mileage and speed at the time of the incident listed above is close approximation.

On November 10, 2018, while driving my vehicle the driver side seat heater instantly overheated within seconds after turning it on causing immediate pain, sending a brief sharp, intense voltage of electricity through the back of my right thigh leaving a wide blackened, charred and discolored elongated oval shaped burn that developed blisters filled with fluid ranging from small to large in size. There was a noticeable hole in the back of my right thigh where the electrical burn injury had occurred and the back of my right pant leg was scorched as well.

The driver seat remains undamaged and the supervising service technician at our local Hyundai dealership stated while running a diagnostic on the driver seat of my vehicle that (a) their machine could not detect any error codes and (b) he could not replicate what happened in order to determined what could have caused the seat heater to malfunction the way it did. However, he did advise me to file a complaint with your company "Hyundai Motor America" since I was injured.
The extent of my injuries requires ongoing medical treatment which has been been communicated to both Hyundai and their legal department.

If your component is not listed below, please describe the component in the above description field.

Failed Component 1: Electrical

Failed Component 2: Electrical

Failed Component 3: Seats

Personal Information

First Name [redacted]

Last Name [redacted]

Email [redacted] (provided earlier and locked for your security)

Daytime Phone [redacted] Evening Phone

Address 1 [redacted]

Address 2 [redacted]

City Greenville

State SOUTH CAROLINA Zip Code [redacted]

General Instructions

Purpose of Form
The Safety Complaint Portable Form is offered as an easy way for vehicle owners to submit vehicle-related safety complaints. Your complaint information will be entered into NHTSA-ODI's vehicle owner's complaint database and used with other complaints to determine if a safety-related defect trend exists.

How and Where to File
The Safety Complaint Portable Form can be filed electronically by uploading the completed and saved form to NHTSA by using the Upload Web page. Just three easy steps are needed to submit your complaint information. These are given at the top of this form and are explained in more detail below.

Note: JavaScript must be enabled to use this form. This setting can be made on the Reader's Edit > Preferences > JavaScript panel.

Step 1: Complete this form. The Portable Form must be completed before submitting it for entry in our system. If you need to amend a submitted form, you must contact the Hotline at the phone number below.

Step 2: Save this form. Click the link contained in Step 2 at the top of this form and choose an easily accessible location on your computer for the form file. You will need to browse to this location in the next step.

Step 3: Upload this form. To ensure that your complaint information is loaded into our system as you entered it, access our Upload Web page using one of these methods:

- Click on the link contained in Step 3 at the top of this form,
- Click on the link provided in the email you received with this form, or
- Use the link: https://www-odi.nhtsa.dot.gov/portable/index.cfm#upload.

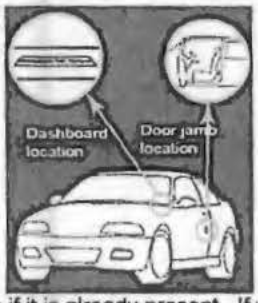
Follow the instructions on the Upload page to browse on your computer to locate your saved Portable Form and to upload it to our system.

Step 4: (Optional) Check the status of your Portable Form. You can check the status of your Portable Form on the Track Form tab of the Portable Form home page. You will need to enter the email address and TCN of the form and then select the Get Status button. A status message will be shown indicating that your Portable Form has not yet been received, that it is being reviewed, or that processing has been completed. Additional information may be provided, depending on the status.

To contact NHTSA-ODI if you have any questions on filling out this form or would like to file your vehicle safety complaint by phone, please call the Hotline Monday - Friday 8am to 8pm Eastern at (888) 327-4236, TTY: (800) 424-9153.

Specific Instructions

Vehicle Information
Vehicle Identification Number (VIN): The VIN is a 17-character identifier found on the dashboard (see image) and driver's side door jamb stickers (see image) on your vehicle, on the vehicle registration and on your car insurance card.
A utility to "test" your VIN is provided right next to the VIN field. After you enter the VIN, you may click on the "Test your VIN" button to test and validate the VIN. All letters in the VIN are automatically converted into uppercase letters.



Make: Some of the Vehicle Makes are already given on the Form. Please choose a Make if it is already present. If your Vehicle Make is not already present, then you may enter your Vehicle Make.

Model: Enter your complete vehicle Model information in this field. Include information such as AWD, XL, etc.

Year: Pick the Model Year of your vehicle or enter it if it is not present in the list.

(Instructions continued on next page.)

Specific Instructions (continued)

Incident Information
Provide as much information as possible about your incident(s). If you have encountered multiple incidents, enter the details related to the first occurrence.

Approximate Incident Date: Enter a date in mm/dd/yyyy format for when the incident prompting this complaint occurred. You may also click in the entry box and then click the drop-down button that appears to the right of the field. This will display a calendar from which you can choose the incident date.

Description: You may write a narrative description of up to 1900 characters in this field. This Description field provides a spell-checker feature by underlining the misspelled word in red. Additionally, the character counter on the Description field informs you of the number of remaining characters available as you enter the text. Note: Please do not provide any personal information in this field.

Failed Component (1, 2, 3): You may select up to three vehicle components which may have contributed to the incident(s). If you are unsure of which component failed or the failed component is not in the list, you may choose "Unknown or Other".

Personal Information
Enter the information in the fields provided. This information is necessary in case we need to contact you for additional data or to clarify your entries.

PLEASE NOTE: We do NOT share your personal information with the general public.

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 (Sept. 3, 2004).

The Privacy Act of 1974 - *Public Law 93-579, As Amended: This information is requested pursuant to the authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response maybe used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or statistical summary thereof, may be used in support of the agency's action.*

Paperwork Reduction Act Burden Statement: A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0008. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Avenue SE., Washington, DC 20590.

[redacted]

Greenville, SC

Department of Tran

To: W48- 226
Location Code: DOT
Cost Center: 4 West
Mail Point: NVS-200,210,300,010
External Carrier: PRIORITY
Sender.
Manufacturer:
Purchase Order:

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Department of Transportation
NHSTA - Office of Defects
Investigation / CRD
1200 New Jersey Ave SE
Washington, DC 20590

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