

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

03-MAY-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

744895

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

|   |   |  |  |   |   |  |
|---|---|--|--|---|---|--|
| Vehicle Ident. No. (VIN)<br><small>(Location at bottom of<br/>and/or above dashboard)</small>         | Vehicle Make  | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |   |  |
| KMHVD34N2VU220687   | HYUNDAI   | ACCENT   | 1997   |   |   |  |
| Purchase Date<br>01-NOV-1997  | Dealer's Name _____   | Engine Size<br>(CID/CC/L) _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |   |   |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                 | City _____ State _____ Zip Code _____   | No Cylinders _____   |  |   |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

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

|                                   |  |  |   |
|-----------------------------------|--|--|---|
| Component<br>06500000<br>07300000 | Part Name(s)<br>EXHAUST/CRANKCASE EMISSION CONTROL DEVICES<br>POWER TRAIN:TRANSMISSION:AUTOMATIC | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>1                | Date(s) of Failure(s)<br>C1-FEB-2001<br>39100<br>Mileage at Failure(s) _____<br>0                | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

|   |   |                                |                           |                          |   |
|---|---|--------------------------------|---------------------------|--------------------------|---|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|--------------------------|---|

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FOR THE PC SYSTEM PROBLEM, I HAD NOTICED THAT THE PC VALVE WAS LEAKING OIL AROUND IT, SO I REPLACED THE COMPONENT ON MAY 12,2000. BY DECEMBER, I NOTICED THAT THE CAR HAD SOME SORT OF PROBLEM WITH A NOTED DROP IN PERFORMANCE AND FUEL ECONOMY. SO I DECIDED, BEFORE BRINGING THE CAR IN FOR MAINTENANCE, TO VISUALLY CHECK THE FLUIDS, AND WEAR COMPONENTS. I ENDED UP FINDING SLUDGE IN THE ENGINE, CREATED BY WATER IN THE OIL. WHEN DODGE/HYUNDAI OF PARAMUS CHECKED-OUT THE CAR THEY TOLD ME THE PROBLEM WAS A CLOGGED PC SYSTEM AND IT WAS NOT COVERED BY ANY WARRANTY, SO I PAID FOR THE WORK. FOR THE TRANSMISSION PROBLEM I NOTICED THAT IT WAS LEAKING, AND WHEN THE DEALER IN PARAMUS CHECKED-OUT THE PROBLEM, THEY TOLD ME THAT SOMEONE HAD OVER-TORQUED THE OIL PAN, BLOWING OUT THE GASKET. THEY TO

CONTINUE ON REVERSE

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.