



U.S. Department
of Transportation
**National 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 241

Date Received

19-MAR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8005952

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2HMBS32T0MB03582	HYUNDAI	SONATA	1991			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 01-MAR-2001 Mileage at Failure(s) 150000 Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL 93 V 196 000/PASSIVE RESTRAINT BELTS: SHOULDER BELT ON DRIVER'S SIDE HAS STOP TRACKING AND BECAME INOPERATIVE. DEALER AND MANUFACTURER WERE NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE V WAS NOT COVERED UNDER RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. AK

CONFIDENTIAL - NHTSA

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.

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CONTINUE ON BACK IF NEEDED

RECALL 93 V 196 000/PASSIVE RESTRAINT BELTS; SHOULDER BELT ON DRIVER'S SIDE HAS STOP TRACKING AND BECAME INOPERATIVE. DEALER AND MANUFACTURER WERE NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE V WAS NOT COVERED UNDER RECALL DUE TO VIN FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. AK

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

Crash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured		Number of Fatalities		Estimated Property Damage		Reported to Police	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No. of Failures	12130000	Component	INTERIOR SYSTEMS: PASSIVE RESTRAINT BELTS
Date(s) of Failure(s)	01-MAR-2004	Mileage at Failure(s)	15000
Vehicle Speed at Failure(s)		Failed Part(s)	<input checked="" type="checkbox"/> Front Left <input checked="" type="checkbox"/> Front Right <input type="checkbox"/> Rear Left <input type="checkbox"/> Rear Right <input type="checkbox"/> Failed Parts <input type="checkbox"/> Original Replacement
NHTSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger Side Airbag	Cruise Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train	<input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style	<input checked="" type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck		
Purchase Date	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name		City		State		Zip Code		Engine Size (CID/CCL)	307	No Cylinders	6	Fuel Injection	<input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio

VEHICLE INFORMATION

Vehicle Make	HYUNDAI	Vehicle Model	SONATA	Vehicle Year	1991	Current Odometer Reading	168,000
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted]
 Date: 4/12/02

OWNER INFORMATION (Type or Print)	744278	Work Number	[Redacted]	Home Number	[Redacted]
DEFECTS INVESTIGATION	8005952	Reference No.			
U.S. Department of Transportation	NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION	www.nhtsa.dot.gov/hotline	1-888-327-4238	1-888-DASH-2-DOT	DATE RECEIVED: 01-MAR-2004
DOT Auto Safety Hotline	Vehicle Owner's Questionnaire (VOQ)				