



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 1367**

Date Received

19-APR-2002

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

Reference No.

8008144

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>(Please attach bottom of and top of front door to this)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>PLEASE FILL IN</b>	<b>HYUNDAI</b>	<b>ACCENT</b>	<b>2001</b>			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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 1	Dates of Failure(s) _____ 25-DEC-2001 Mileage at Failure(s) _____ 14608 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 checked="" 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**CONSUMER HAD AN ACCIDENT THAT WAS CAUSED BY THE DEFECT IN RECALL # 01-V-346-000. DIDN'T RECEIVE RECALL LETTER UNTIL APRIL 2002. NLM**

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1367	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received: 19-APR-2002 OFFICE INVESTIGATION	
[Redacted] 749445 FALL RIVER MA [Redacted]		Reference No. 8008144 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an owner's signature, please provide the name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: 4/30/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) PLEASE FILL IN	Location of custom or modification, if any	Vehicle Make	Vehicle Year
KMHLCG35CAU09484		HYUNDAI	2001
Vehicle Mode	Vehicle Year	Current Odometer Reading	
ACCENT	2001	15,200.-	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
5/23/01	Rick Torres	1.6	<input type="checkbox"/> Diesel
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: Fall River State: MA Zip Code: 02722	No Cylinders: 4	<input type="checkbox"/> Gas
<input type="checkbox"/> Fuel Injected			<input type="checkbox"/> Fuel Injected
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Min van <input type="checkbox"/> Other	<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
06400000	FUEL THROTTLE LINKAGES AND CONTROL	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	25 DEC 2001 Dec 21, 2001 Mileage at Failure(s) 44908 10,396 Vehicle Speed at Failure(s) 55 mph	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fine	Number of Persons Injured	Number of Fatalities
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	
Estimated Property Damage	Reported to Police		
1361.-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER HAD AN ACCIDENT THAT WAS CAUSED BY THE DEFECT IN RECALL # 01-V-346-000. DIDN'T RECEIVE RECALL LETTER UNTIL APRIL 2002. NLM			

CONTINUE ON BACK IF NEEDED

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

On Dec. 21, 2001 about 5:45 p.m. Hwy 24  
in my exit 44 my car failed to stop and  
hit another car. The weather was very  
cold & snowing. The person in the other car  
said that she was okay and will give me  
information. Call my insurance that night  
& report what happen.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



20590+0001



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

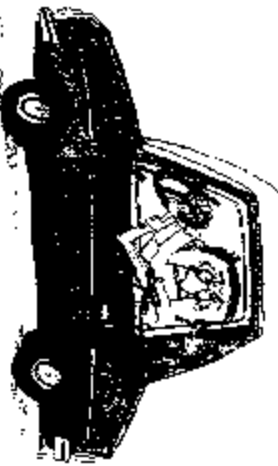
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.dhtaa.dot.gov/hotline>