



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

13-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8011780

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	HYUNDAI	SONATA	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No
		Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 13-NOV-1999 Mileage at Failure(s) 2000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIR BAG SENSOR LIGHT COMES ON AND STAYS ON. *AK

COPIES OF THIS FORM ARE:

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.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

1367

Date Received

13-JUN-2002

DEFECTS INVESTIGATION

Od or

rt dt

od rt

up dt

Reference No.

807780

OWNER INFORMATION (Type or Print)

PORT ALLEN

LA

759017

Work Number

Home Number

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, NHTSA will not provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 6/11/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locates at bottom of windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

PLEASE FILL IN

HYUNDAI

SONATA

1999

Purchase Date

1999 NOV

Dealer's Name

Hamilton

Engine Size
(CID/CC/L)

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

☐ New ☒ Used

City

Baton Rouge

State

LA

Zip Code

No Cylinders

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual
☐ Automatic

☒ Yes
☐ No

☐ 3-Point Belt
☒ Driverside Airbag
☒ Passenger Airbag

☐ Motorbelt
☐ 2-Point Belt

☒ Yes
☐ No

☐ Front
☒ Rear
☐ 4-Wheel

☒ Car
☐ Van
☐ Minivan
☐ Other

☐ Sport/Utility
☐ Truck
☐ Motorcycle

☐ 2-Door
☒ 4-Door
☐ Station Wagon
☒ Pick Up
☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
12110000

Part Name(s)

INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG

Location

☐ Left
☒ Front
☐ Right
☒ Rear

Failed Part(s)

☐ Original
☐ Replacement

No. of Failures

Date(s) of Failure(s)

13-NOV-1999

Mileage at Failure(s)

2000

Vehicle Speed at Failure(s)

Failed Part(s)

☒ Yes
☐ No

NHTSA Previously

☒ Yes
☐ 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

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

6

0

6

☐ Yes ☐ No

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

AIR BAG SENSOR LIGHT COMES ON AND STAYS ON. *AK

And Seat Belt Light also still on
Engine light came on 1 time and stayed on for
about 5 days then went off.

CONTINUE ON BACK IF NEEDED

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

We had No Incidents, No Crashes or Injuries

— 0 —

Mileage - 028,292

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

20590+0001



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

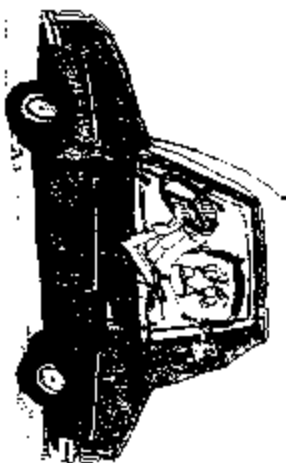
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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