



**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 252	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
23-FEB-2000	Reference No. <b>857431</b>

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>KMHVF24N1PU303857</b>	<b>HYUNDAI</b>	<b>ACCENT</b>	<b>1996</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 Injection		
<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 checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <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 <b>03214000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:OTHER</b>	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 Failures	Date(s) of Failure(s) <u>08-JUN-1993</u> Mileage at Failure(s) <u>37000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**THE CONSUMER STATED THAT THE BRAKE SYSTEM IS GRINDING. WHEN THE CONSUMER APPLIED THE BRAKES THE PEDAL WENT ALL THE WAY TO THE FLOOR. THE VEHICLE HAS FORTY WORK ORDERS. ALSO THE RADIO STATION WHEN I TURN THE VOLUME UP THE STATION CHANGES ,AND ALSO THE WIPERS HAD A RECALL.**

CONTINUED ON BACK PLEASE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 252</p>			
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DATE RECEIVED 23-FEB-2000 OFFICE DEFECTS INVESTIGATION</p>		<p>Od or _____ Ed rt _____ up_itr _____ Reference No. 857431</p>			
<p>OWNER INFORMATION (Type or Print)</p>				<p>Work Number _____ Home _____</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>				<p>Signature of _____ Date <u>3/30/00</u></p>			
<p align="center"><b>VEHICLE INFORMATION</b></p>							
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>KMHVF24N1PU303857</u></p>		<p>Vehicle Make <u>HYUNDAI</u></p>	<p>Vehicle Model <u>ACCENT</u></p>	<p>Vehicle Year <u>1996</u></p>	<p>Current Odometer Reading <u>0393569</u></p>		
<p>Purchase Date <u>6-8-96</u></p>	<p>Dealer's Name <u>Santa Ana ISUZU Hyundai</u></p>			<p>Engine Size (CID/CC/L) _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>		
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used <u>BA</u></p>	<p>City <u>Santa Ana</u> State <u>CA</u> Zip Code <u>92707</u></p>			<p>No Cylinders <u>4</u></p>			
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UK <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>	<p>Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____</p>
<p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
<p>Component <u>03270000</u> <u>15800000</u> <u>10312000</u></p>	<p>Part Name(s) <u>BRAKES:HYDRAULIC;SHOE:DISC BRAKE SYSTEM</u> <u>EQUIPMENT:ELECTRIC EQUIPMENT:RADIO:TAPE DECK ETC.</u> <u>VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR</u></p>			<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No of Failures _____</p>	<p>Date(s) of Failure(s) <u>08-JUN-1996</u> Mileage at Failure(s) <u>37000</u> Vehicle Speed at Failure(s) _____</p>			<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p align="center"><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured _____</p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage _____</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p align="center"><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>							
<p><b>BRAKE SYSTEM WAS GRINDING. WHEN CONSUMER APPLIED THE BRAKES PEDAL WENT ALL THE WAY TO THE FLOOR. VEHICLE HAS HAD FORTY WORK ORDERS. ALSO, RADIO MALFUNCTIONED. WHEN TURNING THE VOLUME UP THE STATION CHANGED. IN ADDITION, CONSUMER RECEIVED A RECALL FOR WINDSHIELD WIPERS. *AK</b></p>							
<p align="right">CONTINUE ON BACK IF NEEDED</p>							
<p>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 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.</p>							

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

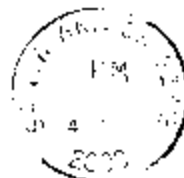
Seatbelt's (rear)(front) don't work properly transmission problems  
Sunvisor's also don't work properly (too hard to adjust) they have been  
changed. still don't work properly. windows (all 4) go down about  
1/4 of an inch when driving.

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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



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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Auto Safety Hotline, NEF-11 HL  
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