



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

08-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

879954

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
KMHVS24NSW424725	HYUNDAI	ACCENT	1998			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	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 07300000 06011080 05100000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC FUJI : PG GALLIE:FI OAT:SFNDER ENGINE	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) 15-SEP-2000 Mileage at Failure(s) 50000 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)

TRANSMISSION JUMPED OUT OF GEAR/LOW FUEL LIGHT, STOPPED OPERATING/ENGINE OIL SPOT UNDER HOOD, AND ROUGH IDLE. DEALER NOTIFIED.FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

CONTINUE ON BACK IF NEEDED

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 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received: 06-FEB-2001 EFFECTS: IMPROVING SAFETY	
OWNER INFORMATION (Type or Print) [Redacted] 672811		Reference No. 879954 Work Number Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized representative, provide your name and address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner [Redacted] Date 02/27/01			
VEHICLE INFORMATION			
Vehicle Make (VIN is located at bottom of windshield on driver's side) KMHVS24N5W434725	Vehicle Make HYUNDAI	Vehicle Model ACCENT	Vehicle Year 1998
Current Odometer Reading 51200		Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	
Dealer's Name PreOwned		Engine Size (CID/CC/L) 4 cyl <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection No Cylinders _____	
City _____ State _____ Zip Code _____	Transmission Type <input type="checkbox"/> Manual <input checked="" 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 Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		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	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07300009 06011080 06100009	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC FUEL:1PG GAUGE:FLOAT:SENDER ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures 7-10	Date(s) of Failure(s) 15-SEP-2000 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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)			
TRANSMISSION JUMPED OUT OF GEAR/LOW FUEL LIGHT, STOPPED OPERATING/ENGINE OIL SPOT UNDER HOOD, AND ROUGH IDLE. DEALER NOTIFIED.FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK* <i>at the gears sticks sometimes.</i> <i>The Gas will not give me more than 4.5 to 5.0 gallons. The plugs loose.</i>			
CONTINUE ON BACK IF NEEDED			
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
 Information Management Staff NSA-10.01
 400 7th Street, SW
 Washington, DC 20590

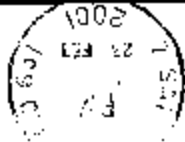
POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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

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



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



U.S. G.P.O. 1992-624871-0006

Not about this. all these problems started
 after these people kept saying
 nothing is wrong. They have given
 me Additude since this has started
 I had a crack in my fuel tank and
 it took them 3 hrs to find that
 out. They made us wait for it
 instead of giving me a car until
 they have my done + I had things
 to do. I have not taken it back
 to them cause I do not trust
 them at all. They have lied to
 me + that makes me mad.

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIME IDENTIFICATION NO.									
D O T									
MANUFACTURER/TIRE NAME									
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)									