



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 160

Date Received

28-FEB-2001

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

Reference No.

881663

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		
KNHVD34N4WU335552	HYUNDAI	ACCENT	1998			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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	Cruise Control <input checked="" 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 08112000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK	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	Date(s) of Failure(s) _____ Mileage 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN FILLING UP GAS TANK GASOLINE NOZZLE WILL SHUT OFF ALMOST AS THERE IS TOO MUCH PRESSURE. *AK

CONTINUE ON REVERSE

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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Date Received: 01 JUL 21 PM 2:12
 28 FEB 2004
 OFFICE OF EFFECTS INVESTIGATION

Reference No. 881663

Work Number: [Redacted]

Home Number: [Redacted]

Signature of Owner: [Redacted]

677107

OWNER INFORMATION (Type or Print)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

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 Identification No. (VIN) KNHV03AN4WU33552
 Vehicle Make HYUNDAI
 Vehicle Model ACCENT
 Vehicle Year 1998
 Current Odometer Reading _____

VEHICLE INFORMATION

Purchase Date _____ Dealer's Name _____ City _____ State _____ Zip Code _____

Engine Size (CID/CCL) _____ No. Cylinders _____ Fuel Injection Gas Diesel Turbo

Transmission Type Automatic Manual

Antilock Brakes Yes No

Restraint System Motorist 3-Point Belt Driver's Side Airbag Passenger's Side Airbag

Cruise Control Yes No

Drive Train Front Rear 4-Wheel

Vehicle Type Car Van Minivan Other

Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06112000 Part Name(s) _____

FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK

Location Front Rear Right Left

Failed Part(s) Original Replacement

APPLICATION INCIDENT INFORMATION

No of Failures _____ Date(s) of Failure(s) _____ Mileage at Failure(s) 28000 _____ Vehicle Speed at Failure(s) 17000 (braked at)

Failed Part(s) Available? Yes No

NHTSA Previously Contacted? 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 Damage _____

Reported to Police Yes No

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

WHEN FILLING UP GAS TANK GASOLINE NOZZLE WILL SHUT OFF ALMOST AS THERE IS TOO MUCH PRESSURE. AK

The cylinder would recall the gas cap was changed. The problem disappeared at winter time, I hope the pressure will not return in summer when it occurred regularly in summer Plans 4/2001.

over.

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