



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 758

Date Received

10-JAN-2002

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

Reference No.

8001949

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> ADD	Vehicle Make HYUNDAI	Vehicle Model ELANTRA	Vehicle Year 1999	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	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	Dates of Failure(s) <u>09-DEC-2001</u> Mileage at Failure(s) <u>39000</u> Vehicle Speed at Failure(s) <u>45</u>	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 <u>2</u>	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 45 MPH CONSUMER'S VEHICLE REARENDED ANOTHER VEHICLE., UPON IMPACT, NEITHER AIRBAG DEPLOYED. DRIVER HIT HIS HEAD ON WINDSHIELD, AND PASSENGER SUFFERED BACK INJURIES. DAMAGE TO VEHICLE WAS \$ 5500.00. *AK

COPIED FROM NHTSA FORM 101

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.

The Privacy Act of 1974 (Public Law 93-502) 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.

CONTINUE ON BACK F.M.D.B.R.

WILE DRIVING 45 MPH CONSUMER'S VEHICLE REARENDED ANOTHER VEHICLE, UPON IMPACT, NEITHER AIRBAG DEPLOYED, DRIVER HIT HIS HEAD ON WINDSHIELD, AND PASSENGER SUFFERED BACK INJURIES, DAMAGE TO VEHICLE WAS \$ 5500.00.

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

Crash	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Persons Injured	2	Number of Fatalities		Estimated Property Damage		Reported to Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), Failure(s), Crashes), and injury(ies) on the back of this form)

No. of Failures		Date(s) of Failure(s)	09-DEC-2001	Mileage at Failure(s)	39000	Vehicle Speed at Failure(s)	45	Failed Part(s)		Previously	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Component	12111000	Part Name(s)	INTERIOR SYSTEMS; PASSENGER RESTRAINTS; AIR BAG; FRONT										
Location		Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	Front	<input type="checkbox"/>	Rear	<input type="checkbox"/>	Original	<input type="checkbox"/>	Replacement	<input type="checkbox"/>

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	<input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Manual	Antilock Brakes/Restraint System	<input type="checkbox"/> No	3-Point Belt	<input checked="" type="checkbox"/> Yes	Motorbelt	<input type="checkbox"/> No	2-Point Belt	<input type="checkbox"/> No	Passenger Side Airbag	<input type="checkbox"/> No	Driver Side Airbag	<input type="checkbox"/> No
Vehicle Type	Car	Van	Minivan	Other	Sport Util	Truck	Motorcycle	Stationwagon	4-Door	2-Door	Body Style	Truck	Pick Up	Truck
Engine Size (CID/CCL)		Engine Type	Turbo	Diesel	Gas	Fuel Injectio	City	State	Zip Code	Dealers Name	Purchase Date	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Used	

Vehicle Make	HYUNDAI	Vehicle Model	ELANTRA	Vehicle Year	1990	Current Odometer Reading	
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VEHICLE INFORMATION

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 manufacturer.

Signature of Owner	
Vehicle Identification (Type or Print)	733362
Vehicle Number	
Home Number	
Reference No.	8001949
Agency Use ONLY	758

DOT Auto Safety Hotline

Vehicle Owners' Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtea.dot.gov/hotline

U.S. Department of Transportation

National Highway Traffic Safety Administration

DEFECTS INVESTIGATION

RECEIVED

NOV 2002

