



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 1038

Date Received

16-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8002323

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KMHJW24M9VU07505		HYUNDAI	ELANTRA	1997	
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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
					☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other _____
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112100	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 11-JAN-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 85		
	Vehicle Speed at Failure(s)		

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 1	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DRIVER SIDE AND PASSENGER SIDE AIRBAGS FAILED TO DEPOY DURING A 35MPH FRONT END COLLISION. DRIVER SUSTAINED INJURIES TO NECK AND CHEST AREA. CONSUMER STATED THAT AIRBAG LIGHT WAS FUNCTIONING PROPERLY. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*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 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1038	
OWNER INFORMATION (Type or Print)		Date Received: FEB 28 2002		Office: DEFECTS INVESTIGATION	
[Redacted]		734266		Reference No. 8002323	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		YES ☒ NO ☐		Signature of Owner: [Redacted]	
Signature of Owner: [Redacted]		Date: 1/28/02			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) KMHJW24M9VU07505		Vehicle Make HYUNDAI		Vehicle Year 1997	
Vehicle Model ELANTRA		Current Odometer Reading			
Purchase Date 6-99		Dealer's Name		Engine Size (CID/CC/L) No. Cylinders 4	
☒ New ☒ Used		City: Salt Lake State: UT Zip Code		☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☒ Manual ☐ Automatic		Antilock Brakes ☐ Yes ☐ No		Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt ☒ Driver's side Airbag ☐ Passenger's side Airbag	
Cruise Control ☐ Yes ☒ No		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Sport Utility Truck ☐ Minivan ☐ Motorcycle ☐ Other	
Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up ☐ Truck					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12112100		Part Name(s) INTERIOR SYSTEM PASSIVE RESTRAINT AIR BAG: DRIVER SIDE		Location ☒ Left ☐ Right ☐ Front ☐ Rear	
No of Failures		Date(s) of Failure(s) 11 JAN-2002		Failed Part(s) ☒ Yes ☐ No	
Mileage at Failure(s) 85,000		Vehicle Speed at Failure(s) 35 mph		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 1	
Number of Fatalities		Estimated Property Damage 4,000		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
DRIVER SIDE AND PASSENGER SIDE AIRBAGS FAILED TO DEPLOY DURING A 35MPH FRONT END COLLISION. DRIVER SUSTAINED INJURIES TO NECK AND CHEST AREA. CONSUMER STATED THAT AIRBAG LIGHT WAS FUNCTIONING PROPERLY. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS. *AK					
CONTINUE ON BACK IF NEEDED					
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