



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 252

Date Received

07-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005147

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		
KMHJS23M8SU901539	HYUNDAI	ELANTRA	1995			
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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input 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 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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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) _____ Mileage at Failure(s) _____ Vehicle Speed 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING ON THE HIGHWAY AND WITHOUT PRIOR WARNING VEHICLE WENT INTO NEUTRAL.
DEALERSHIP WAS AWARE OF PROBLEM.*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2 style="margin: 0;">Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 252</p> <p>Date Received: <u>07-MAR-2002</u></p> <p>Office: <u>OFFICE OF DEFECTS INVESTIGATION</u></p> <p>Reference No.: <u>8005147</u></p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted]</p>		<p>Signature of [Redacted]</p> <p>Date: <u>26 MAR 02</u></p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 in the absence of your signature and address to the vehicle manufacturer.

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) <u>KMHJF23M8SU901539</u>	Vehicle Make <u>HYUNDAI</u>	Vehicle Model <u>ELANTRA</u>	Vehicle Year <u>1995</u>	Current Odometer Reading <u>56757.2/10</u>	
Purchase Date <u>1995</u>	Dealer's Name <u>HUB HYUNDAI</u>		Engine Size <u>1800 cc</u>	Turbo Diesel Gas Fuel Injecto	
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used <u>WAS NOT NEW</u>	City <u>HOUSTON</u>	State <u>TX</u>	No Cylinders <u>4</u>	<input checked="" type="checkbox"/>	
Transmission Type <u>Automatic</u>	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" 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 Ult Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
				Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>07300000</u>	Part Name(s) <u>POWER TRAIN:TRANSMISSION:AUTOMATIC</u>	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 <u>6</u>	Date(s) of Failure(s) <u>01-JAN-2000</u>	Mileage at Failure(s) <u>56757</u>	Vehicle Speed at Failure(s) <u>VARIES</u>
		Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <u>N/A</u>	Number of Fatalities <u>N/A</u>	Estimated Property Damage <u>COST OF NEW TRANSMISSION</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE TRAVELING ON THE HIGHWAY AND WITHOUT PRIOR WARNING VEHICLE WENT INTO NEUTRAL. DEALERSHIP WAS AWARE OF PROBLEM. *AK WENT INTO NEUTRAL AFTER APPLYING BRAKES, THEN TRYING TO ACCELERATE. THIS HAS HAPPENED NUMEROUS TIMES WITH THE ORIGINAL TRANSMISSION AND THE REPLACEMENT TRANSMISSION WHICH HAS LESS THAN 15,000 MILES ON IT. — SEE BACK SIDE PLEASE —

CONTINUE ON BACK IF NEEDED

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Washington, DC 20590

400 7th Street, SW

Information Management Staff NSA-10.01

National Highway Traffic Safety Administration

U.S. Department of Transportation

POSTAGE WILL BE PAID BY NAT'L HWY TRAFFIC SAFETY ADMIN.

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Washington, D.C. 20590

400 Seventh St., S.W.

National Highway

Traffic Safety

Administration

U.S. Department

of Transportation



U.S. G.P.O. 1992-224-871 02004

PLEASE HELP ME.

08321). TO DATE I STILL HAVE THE PROBLEM AND NO FLY FROM HUNTER!

MISHAOS. I FOUND (1) ONE OTHER COMPLAINT ON YOUR SITE LIKE TR (#7-
IS OK AND NO CODES ARE FOUND AND DRIVING IT RESULTED IN NO
STILL EXISTS AND THE DEALER (THE ONE I SAID) SAYS THE TRANS MISSION
CHANGING TRANS MISSIONS (AND DEALER DID THIS) THE PROBLEM
I HAVE COMPLAINED TO 2 DIFFERENT DEALERS. EVEN AFTER
THIS HAS HAPPENED BEFORE AND IS BECOMING MORE FREQUENT.
SOMETIMES THAT MORNING AND ONE OTHER TIME THAT WEEK.
FINALLY, SHIPPED TO A FORWARD GEAR. THIS HAPPENED
TO IDLE, I HIT THE GAS AGAIN AND THE TRANS MISSION
THE GAS PEOPLE IMMEDIATELY, THE ENGINE ENGINE REMAINS
REVVED BUT THE GEAR DIDNT GO ANYWHERE. I LEFT OFF
GAS PEOPLE DOWN A LITTLE TO ACCELERATE AND THE ENGINE
BRAKES. WHEN I NOTICED NO ENGINE TRAFFIC, I PUSSED THE
THE FREELY OUBE PASS LET OFF THE GAS TO YIELD ALSO APPLIED
WAS DRIVING DOWN THE ROAD, CAME TO A YIELD SIGN TO ENTER

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

THE IDENTIFICATION NO.:

0	0	1																		
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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)