Form Approved: OMB No. 2127-0042

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 231

Date Received
13-MAR-2002

Od_or
rt_dt
od_rt
np_ltr

Reference No.
8005571

[redacted]

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 of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
PLEASE FILL IN	HYUNDAI	ACCENT	1999	

Purchase Dat		Engine Size (CID/CC/L ____	☐ Turbo
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	No Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12250000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s	☐ Yes ☐ No	☐ Yes ☐ No
	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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

DRIVER AND FRONT PASSENGER RESTRAINTS UNLATCHED BY OCCUPANT MOVEMENT. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE ADDITIONAL INFORMATION.*AK

CONTINUED ON REVERSE

Form Approved. O.M.B. No. 2127-0008

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
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received
13-MAR-2002
APR 30 A
OFFICE OF DEFECTS INVESTIGATION

Od_dr
rt_dt
pd_rt
up_ls 9

Reference No.
8005571

OWNER INFORMATION (Type or Print)

[redacted] 743150

Work Num
Home Num [redacted]

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 Owne [redacted] Date 3/25/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
KMHVD HN7XU463600 PLEASE FILL IN	HYUNDAI	ACCENT	1999	

Purchase Date 4-99
☒ New ☒ Used K3

Dealer's Name Bronco Motors
City Boise State ID Zip Code 83704

Engine Siz (CID/CC/L 1.5L
No Cylinders 4

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☒ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2 Point Bel ☒ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12250000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES'	☒ Left ☒ Right ☒ Front ☒ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
ON-GOING	2 02 - present Mileage at Failure(s) 63,000 Vehicle Speed at Failure(s) -0- mph + while driving at various speeds...	☒ Yes ☐ No	UNK. ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	N/A YET!	N/A YET!	COST FOR REPLACEMENT BELTS	☐ Yes ☒ No

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

DRIVER AND FRONT PASSENGER RESTRAINTS UNLATCHED BY OCCUPANT MOVEMENT. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE ADDITIONAL INFORMATION.*AK

DEALER ADVISED THAT VEHICLE NOT UNDER WARRANTY ANY LONGER, AND WE WOULD HAVE TO PAY FOR VISIT/REPAIR. BECAUSE OF CONTACT WITH NHTSA, HOPED WOULD BE ABLE TO HAVE THIS INVESTIGATED, & TAKEN CARE OF...

CONTINUE ON BACK IF NEEDED

* WE PURCHASED THIS AS ORIGINAL OWNER: 4/08/99

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE 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)

AFTER LEARNING OF RESTRAINTS THAT HAD FAILED, SIMPLY BY BEING BUMPED (ie. with an elbow, etc...), AND WITH AIRBAGS - WAS ~~FATALLY~~ INJURED, I KNEW I HAD TO REPORT THAT THE FOLLOWING OCCURRED:

WHILE SITTING & RESTRAINED PROPERLY, I REACHED INTO THE BACK SEAT, BUMPING THE BUCKLE (FEMALE END), AND THE RESTRAINT CAME UNDONE IMMEDIATELY. WHEN MY FOSTER SON MANAGED TO DO THE SAME THING, ON THE PASSENGER SIDE, I KNEW THIS WAS SERIOUS. WE ALSO TESTED THE RIGHT & LEFT REAR BELTS, WITH THE SAME RESULTS. THESE RESTRAINTS ARE NOT Safe! THEY PUT MY PASSENGERS AT RISK, AS WELL AS THE DRIVER. I SINCERELY HOPE THIS IS HANDLED BEFORE LIVES ARE LOST.

☆ U.S. G.P.O.: 1988 – [illegible]

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

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

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590