



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

11-APR-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8007353

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> <b>ADD</b>	Vehicle Make <b>HYUNDAI</b>	Vehicle Model <b>ELANTRA</b>	Vehicle Year <b>1999</b>	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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 05100000	Part Name(s) <b>ENGINE</b>	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>27-MAR-2002</u> Mileage at Failure(s) <u>75000</u> 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)

**VEHICLE STALLS DAILY AT LOW SPEEDS, ALSO SPUTTERS AND HESITATES. DEALER CANNOT REMEDY.\*AK**

CONTINUED 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.



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** 758

Date Received

11-APR-2002  
OFFICE OF INVESTIGATION

Od or rt\_dt  
od\_rt  
up\_itr

Reference No.

8007353

**OWNER INFORMATION (Type or Print)**

747787

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, please print name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) **ADD KMHTF25F3XU75600** Vehicle Mak **HYUNDAI** Vehicle Mode **ELANTRA** Vehicle Year **1999** Current Odometer Reading **80,000**

Purchase Date \_\_\_\_\_ Dealer's Name **FREEHOLD HYUNDAI** Engine Siz (CID/CC) \_\_\_\_\_ Turbo Diesel Gas Fuel Injectio \_\_\_\_\_  
 New  Used City **FREEHOLD** State **NJ** Zip Code \_\_\_\_\_ No Cylinders **4**

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

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component **05100000** Part Name(s) **ENGINE** Location  Left  Right  Front  Rear Failed Part(s)  Original  Replacement  
No of Failures **MBM** Date(s) of Failure(s) **27-MAR-2002** Mileage at Failure(s) **75000** Vehicle Speed at Failure(s) **35** Failed Part(s)  Yes  No 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 **0** Number of Fatalities **0** Estimated Property Damage **0** Reported to Police  Yes  No

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

**VEHICLE STALLS DAILY AT LOW SPEEDS, ALSO SPUTTERS AND HESITATES. DEALER CANNOT REMEDY.\*AK**

CONTINUE ON BACK IF NEEDED