



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 1367**

Date Received

09-MAY-2002

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

Reference No.

8009514

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		
<b>PLEASE FILL IN</b>	<b>HYUNDAI</b>	<b>ELANTRA</b>	<b>1999</b>			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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) _____ 53 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**DRIVER AND PASSENGER SEAT BELTS FAILED TO FUNCTION AFTER SIDE AIR BAG SENSOR CAME ON.\*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  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received: 09-MAY-2002  
 Rec'd. or rt. dt. \_\_\_\_\_  
 Mod. rt. dt. \_\_\_\_\_  
 Sup. tr. dt. \_\_\_\_\_

OFFICE OF DEFECTS INVESTIGATION  
 Reference No. 8009514

**OWNER INFORMATION (Type or Print)**

[Redacted] 753191  
 LEXINGTON KY [Redacted]

Work Number [Redacted]  
 Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an owner's signature, you must provide your name and address to the vehicle manufacturer.  
 Signature of Owner [Redacted] Date 5/31/02

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) [Redacted] Vehicle Mak HYUNDAI Vehicle Mode ELANTRA Vehicle Year 1999 Current Odometer Readin 67974  
 PLEASE FILL IN

Purchase Date JULY 5, 1999 Dealer's Name GLENN BUICK NISSAN-HYUNDAI Engine Siz (CID/CC/L) N/A Turbo Diesel Gas Fuel Injectio \_\_\_\_\_  
 New  Used City LEXINGTON State KY Zip Code 40517 No Cylinders \_\_\_\_\_

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

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

Component 12130000 Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS Location  Left  Right  Front  Rear  
 Failed Part(s)  Original  Replacement  
 No of Failures 1 Date(s) of Failure(s) 3/2002 Mileage at Failure(s) 53 Vehicle Speed at Failure(s) 10-15  
 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 N/A Number of Fatalities N/A Estimated Property Damage N/A Reported to Police  Yes  No

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

**DRIVER AND PASSENGER SEAT BELTS FAILED TO FUNCTION AFTER SIDE AIR BAG SENSOR CAME ON.\*AK**

CONTINUE ON BACK IF NEEDED

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.

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

IN FEBRUARY 2002 MY DAUGHTER WAS TURNING INTO A RESIDENTIAL SUBDIVISION AND THE SEAT BELT SENSORS WENT OFF, CAUSING THE DRIVE SIDE SEAT BELT TO TIGHTEN AGAINST HER CHEST. SHE DID NOT HAVE A COLLISION OR DRIVE OVER ANY POT HOLES OR BUMPS. THE SEAT BELTS WILL NOT ENGAGE AT ALL NOW FOR THE DRIVE SIDE OR THE FRONT PASSENGER SIDE. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION AND REPAIR. THE VEHICLE WAS INSPECTED (PER HYUNDAI'S REQUEST). THERE WAS NO EVIDENCE OF COLLISION YET HYUNDAI REFUSED TO REPAIR THE DEFECT. HYUNDAI STATED WE MUST HAVE HIT A BUMP IN THE ROAD TO ENGAGE THE SEAT BELT SENSORS PER TONY NUTT (GLENN BUICK'S SERVICE MANAGER). GLENN BUICK THEREFORE WANTED TO CHARGE US APPROXIMATELY \$1500.00 TO REPAIR THE SEAT BELT SENSORS. WE NEED THIS VEHICLE FOR TRANSPORTATION TO AND FROM WORK. WE ARE CURRENTLY OPERATING THE VEHICLE IN AN UNSAFE MANNER WITHOUT FRONT SEAT BELTS FOR THE DRIVER AND PASSENGER.

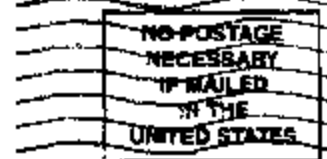
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



**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  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

20390+0001



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

**TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR**

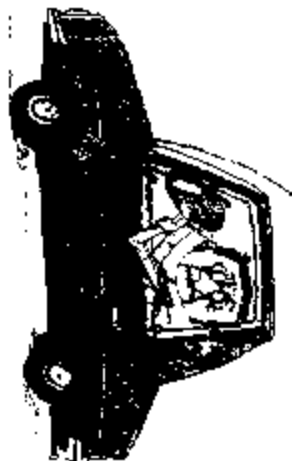
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DO**

**1-888-327-4236**

DOT Auto Safety Hotline (DASH) 2 DOT



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