Form Approved: O.M.B. No. 2127-0039

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 335

Date Received: 03-FEB-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 856142

[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.) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KMHJF25F6XU886349	HYUNDAI	ELANTRA	1999	

Purchase Date: ☒ New ☐ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restrairt System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ 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 Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12111200 12111300	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	20-OCT-1999 245 40	☐ Yes ☐ No	☐ 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	1	0		☐ Yes ☒ No

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

WHILE DRIVING THROUGH A TOLL STOP, PROCEEDED TO GO THROUGH ANOTHER CAR WHICH PULLED IN FRONT. CONSUMER HAD PUT ON BRAKES TO AVOID HITTING THE OTHER VEHICLE. HOWEVER, CONSUMER HIT SIDE RAILING AT ABOUT 40, AND AIRBAGS DEPLOYED. CONSUMER FELT AS THOUGH AIRBAGS WERE TOO FORCEFUL, CONSUMER WAS UNABLE TO SEE OUT OF RIGHT EYE BUCAUSE OF AIRBAG DEPLOYMENT. AK

CONTINUED ON BACK PANEL

Form Approved. O.M.B. No. 2127-0006

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Date Received: 03-FEB-2000
00 MAR -1 AM
OFFICE
DEFECTS INVESTI

Odi_or
rt_dt
up_ltr
Reference No.
856142

OWNER INFORMATION (Type or Print)

[redacted] 588294

Work Num [redacted]
Home Num

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of [redacted] address to the vehicle manufacturer.
Signature of Own [redacted] Date: 2/14/99

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KMHJF25F6XU886349	HYUNDAI	ELANTRA	1999	346

Purchase Date: 9-99 ☒ New ☐ Used
Dealer's Name: Central Hyundai
City: Miami State: FLA Zip Code: 33142
Engine Size (CID/CC/L): 4 No Cylinders: ____
☐ Turbo ☐ Diesel ☑ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☑ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☑ Driverside Airbag ☐ 2-Point Belt ☐ 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____

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Component	Part Name(s)	Location	Failed Part(s)
12111200 12111300	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☑ Left ☐ Right ☑ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures: 0
Date(s) of Failure(s): 20-OCT-1999
Mileage at Failure(s): 245
Vehicle Speed at Failure(s): 40
Failed Part(s) Available? ☐ Yes ☑ No
NHTSA Previously Contacted? ☐ 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	1	0	14,973	☐ Yes ☒ No

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

WHILE DRIVING THOUGH A TOLL STOP, PROCEEDED TO GO THOUGH ANOTHER CAR WHICH PULLED IN FRONT. CONSUMER HAD PUT ON BRAKES TO AVOID HITTING THE OTHER VEHICLE. HOWEVER, CONSUMER HIT SIDE RAILING AT ABOUT 40, AND AIRBAGS DEPLOYED. CONSUMER FELT AS THOUGH AIRBAGS WERE TOO FORCEFUL, CONSUMER WAS UNABLE TO SEE OUT OF RIGHT EYE BUCAUSE OF AIRBAG DEPLOYMENT. *AK

HEMORRAGE TO RIGHT EYE - MASSIVE SWELLING & BURNS TO FACE, STILL UNABLE TO SEE CORRECTLY FROM RIGHT EYE, UNABLE TO WORK. STILL ATTENDING ST ANNE BATES EYE HOSPITAL

CONTINUE ON BACK IF NEEDED