

U.S. Department
of TransportationNational 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 255

Date Received

25-MAY-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

862565

 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>(Listed at front of windshield or driver's side)</small>	Vehicle Make HYUNDAI	Vehicle Model ELANTRA	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input checked="" type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12220000	Part Name(s) INTERIOR SYSTEMS:SEAT BELTS:LAP:REAR	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE REAR LAP SEAT BELT BECOMES UNDONE ON ITS OWN WHEN USED WITH THE CHILD SAFEY SEAT. THE DEALER HAS BEEN CONTACTED.

CONTINUED ON BACK PLEASE

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.

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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

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FAILED COMPONENT(S)/PART(S) INFORMATION

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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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CONTINUED ON BACK PLEASE

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.



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U.S. Department of Transportation
 National Highway Traffic Safety Administration

DEFECTS INVESTIGATION
 26-MAY-2000
 OFFICE

Reference No. 862566

611056

WORK N
 Home N

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES
 NO

Date 6/19/00

Signature of Owner [Redacted]

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted]
 Vehicle Make HYUNDAI
 Vehicle Model ELANTRA
 Vehicle Year 1999
 Current Odometer Reading 19454

Purchase Date 2-13-99
 Dealer's Name Hollman Hyundai
 City/State/Zip Code Myrtle Shade, NJ 08052
 Engine Size (CID/CC/L) No Cylinders
 Fuel Injection
 Gas
 Diesel
 Turbo

Transmission Type Automatic
 Manual
 Restraint System 3-Point Belt
 2-Point Belt
 Motorbelt
 Driver's Side Airbag
 Passenger's Side Airbag
 Cruise Control Yes
 No
 Drive Train Front
 Rear
 4-Wheel
 Vehicle Type Car
 Minivan
 Other
 Sport Ut
 Truck
 Motorcycle
 Stationwagon
 4-Door
 2-Door
 Body Style Other
 Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component 12260000
 Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES
 Location Left
 Right
 Front
 Rear
 Failed Part(s) Original
 Replacement

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)
 No of Failures 1
 Dates of Failure(s) (approx) 30 April & 4 May
 Mileage at Failure(s) 18433 - lower fixed
 Vehicle Speed at Failure(s) 30 mph both times
 Failed Part(s) Available? Yes
 No
 NHTSA Previously Contacted? No
 Yes

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
 Crash Yes No
 Fire Yes No
 Number of Persons Injured
 Number of Failures
 Estimated Property Damage
 Reported to Police Yes No

REAR LAP SEAT BELT BECOMES UNDONE ON ITS OWN WHEN USED WITH THE CHILD SAFETY SEAT.
 DEALER HAS BEEN CONTACTED. AK

The Privacy Act of 1974 (Public Law 93-579) gives you the right to request that the National Highway Traffic Safety Administration delete or correct information that is incorrect, incomplete, inaccurate, or otherwise misleading. 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. 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.

CONTINUE ON BACK IF NEEDED