



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

30-NOV-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

875751

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.)<br><small>(located at bottom of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| ADD  | HYUNDAI      | ELANTRA       | 1999         |                          |

|   |                                       |                                |  |
|---|---------------------------------------|--------------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size<br>(CID/CCL) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <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<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inflator Bell<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |   |  |   |
|-----------------------|---|--|---|
| Component<br>12111000 | Part Name(s)<br>INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT A | Location   | Failed Part(s)  |
|                       |   | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |

|                 |  |  |  |
|-----------------|--|--|--|
| No. of Failures | Date(s) of Failure(s) _____<br>Mileage at Failure(s) 30000<br>Vehicle Speed at Failure(s) 35 | Failed Part(s)<br>Available?                             | NHTSA Previously<br>Contacted?                           |
|                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <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   | Fire  | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2                         |                      |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

HEAD-ON COLLISION, SPEED 35 MPH, BOTH AIRBAGS DID NOT DEPLOY. DEALER WOULD NOT SPEAK TO CONSUMER REGARDING AIRBAGS. HYUNDAI COMPANY WILL NOT TALK TO CONSUMER. \*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.