



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 §20

Date Received

14-JUN-2001

Od_ or

rt_dt

od_rt

ip_lr

Reference No.

890365

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KMHJF35F5YU003221		HYUNDAI	ELANTRA	2000	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
		☐ Motorbelt ☐ 2-Point Bel			☐ Sport Util ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 08-JUN-2001 4000 Mileage at Failure(s)	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 1	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN VEHICLE WAS INVOLVED IN A FRONTAL CRASH AT APPROXIMATELY 40 MPH FRONTAL AIR BAGS FAILED TO OPERATE PROPERLY. DRIVER'S AIR BAG FAILED TO DEPLOY PROPERLY BY POPPING OUT OF THE STEERING COLUMN, AND PASSENGER'S AIR BAG FAILED TO EVEN DEPLOY. DRIVER WAS TAKEN TO THE HOSPITAL FOR HEAD/ NECK, AND CHEST PAINS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

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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 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 92D

Date Received

JUN -9 AM 11:43
14-JUN-2001

OFFICE

DEFECTS INVESTIGATION

Od_or
rl_dtl
od_rt
up_ltr

Reference No.

890365

OWNER INFORMATION (Type or Print)

Work Number

Home Number

None

None

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of a signature, your name and address to the vehicle manufacturer.

Signature of Owner

Date 6/27/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of
windshield on driver's side)

KMHJF35F5YU003221

Vehicle Make

HYUNDAI

Vehicle Model

ELANTRA

Vehicle Year

2000

Current Odometer Reading

5,800 Approx

Purchase Date

June 2000

Dealer's Name Sunny Nancak

City Gastonia State NC Zip Code

Engine Size
(CID/CC/L)☐ Turbo
☐ Diesel
☒ Gas

No Cylinders

☐ Fuel Injection

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☐ Van☐ Minivan☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

1211000

Part Name(s)

INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 08-JUN-2001

Mileage at Failure(s) 4800 5,800 Approx

Vehicle Speed at Failure(s) 40 mph

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

☒ Yes☐ No

Fire

☐ Yes☒ No

Number of Persons Injured

1

Number of Fatalities

0

Estimated Property Damage

4,800

Reported to Police

☒ Yes☐ No

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

WHEN VEHICLE WAS INVOLVED IN A FRONTAL CRASH AT APPROXIMATELY 40 MPH FRONTAL AIR BAGS FAILED TO OPERATE PROPERLY. DRIVER'S AIR BAG FAILED TO DEPLOY PROPERLY BY POPPING OUT OF THE STEERING COLUMN, AND PASSENGER'S AIR BAG FAILED TO EVEN DEPLOY. DRIVER WAS TAKEN TO THE HOSPITAL FOR HEAD/ NECK, AND CHEST PAINS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

CONTINUE ON BACK IF NEEDED

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