



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

14-AUG-2001

Od\_or

rt\_dt

pd\_rt

rp\_lr

Reference No.

894321

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>(Location at bottom of<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                 | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                        |
| KMHDN45D07U034189                                                                                   |                                                                        | HYUNDAI                                                                                                                                                                                                      | ELANTRA                                                                | 2001                                                                                                                                         |                                                                                                                                                                                                                                                 |
| Purchase Date                                                                                       | Dealer's Name                                                          |                                                                                                                                                                                                              | Engine Size<br>(CID/CC/L)                                              | <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                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                    | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                                                     |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                                                                      |
|                                                                                                     |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<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. | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>22-JUL-2001<br>11000<br>Mileage at Failure(s)  | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>2 | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

CONSUMER STATES WHILE DRIVING 65 MPH HE WAS HIT BY A TRACTOR TRAILER. UPON IMPACT, BOTH FRONT AIR BAGS FAILED TO DEPLOY. WAS PUSHED ABOUT 400 FEET, SPUN AROUND AND HIT A CONCRETE BARRIER WITH PASSENGER FRONT. CONSUMER SUFFERED NERVE DAMAGE IN ONE LEG/ HIS WIFE HAD A BRUISED CHEST. VEHICLE WAS TOTALLED.\*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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                         |                                                                                                                                                | <b>FOR AGENCY USE ONLY</b> 758<br>Date Received: <b>14-AUG-2001</b><br><b>OFFICE OF DEFECTS INVESTIGATION</b><br>Od_or: _____<br>rt: _____<br>dd: _____<br>up: _____<br>Reference No.: <b>894321</b><br>Work Number: _____<br>Home Number: _____  |                                                                                                                                                                                                                                           |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] <b>707833</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                | Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner: _____ Date: _____ |                                                                                                                                                                                                                                           |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>KMHNDN45D07U034189</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | Vehicle Make<br><b>HYUNDAI</b>                                                                                                                                                                                                          | Vehicle Model<br><b>ELANTRA</b>                                                                                                                | Vehicle Year<br><b>2001</b>                                                                                                                                                                                                                       | Current Odometer Reading<br>_____                                                                                                                                                                                                         |
| Purchase Date: _____<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | Dealer's Name: _____<br>City: _____ State: _____ Zip Code: _____                                                                                                                                                                        |                                                                                                                                                | Engine Size (CID/CC/L): _____<br>No. Cylinders: _____<br><input type="checkbox"/> Turbo Diesel Gas Fuel Injection                                                                                                                                 |                                                                                                                                                                                                                                           |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                       | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Utility Truck<br><input type="checkbox"/> Motorcycle |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |
| Component<br><b>12111000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part Name(s)<br><b>INTERIOR SYSTEMS/PASSENGER RESTRAINTS: AIR BAG: FRONT</b>                                           |                                                                                                                                                                                                                                         | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear |                                                                                                                                                                                                                                                   | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                               |
| No. of Failures<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date(s) of Failure(s): <b>22-JUL-2001</b><br>Mileage at Failure(s): <b>11000</b><br>Vehicle Speed at Failure(s): _____ |                                                                                                                                                                                                                                         | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                     |                                                                                                                                                                                                                                                   | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                              |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |
| Crash<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                            | Number of Persons Injured<br><b>2</b>                                                                                                                                                                                                   | Number of Fatalities<br><b>NONE</b>                                                                                                            | Estimated Property Damage<br><b>1</b>                                                                                                                                                                                                             | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>yes</b>                                                                                                                                   |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b><br><b>CONSUMER STATES WHILE DRIVING 65 MPH HE WAS HIT BY A TRACTOR TRAILER. UPON IMPACT, BOTH FRONT AIR BAGS FAILED TO DEPLOY. WAS PUSHED ABOUT 400 FEET, SPUN AROUND AND HIT A CONCRETE BARRIER WITH PASSENGER FRONT. CONSUMER SUFFERED NERVE DAMAGE IN ONE LEG/ HIS WIFE HAD A BRUISED CHEST. VEHICLE WAS TOTALLED. *AK</b><br><b>Four Air Bags - None opened</b>                                                                                                                                            |                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |
| 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. |                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |