



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** 436

Date Received

01-OCT-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

897122

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
NOT AVAILABLE	HYUNDAI	ELANTRA	1999			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____

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

Component 12411000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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
No of Failure	Date(s) of Failure(s) 15-SEP-2001 Mileage at Failure(s) 51000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	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)

VEHICLE WAS GOING 60MPH ON EXPRESS WAY AND CONSUMER'S VEHICLE REARENDED A STALLED VEHICLE. DRIVER'S AND PASSENGER'S AIR BAGS DIDN'T DEPLOY. PASSENGER WAS INJURED. CONSUMER WAS IN PROCESS OF CONTACTING MANUFACTURER. \*AK

CONTINUED ON REVERSE

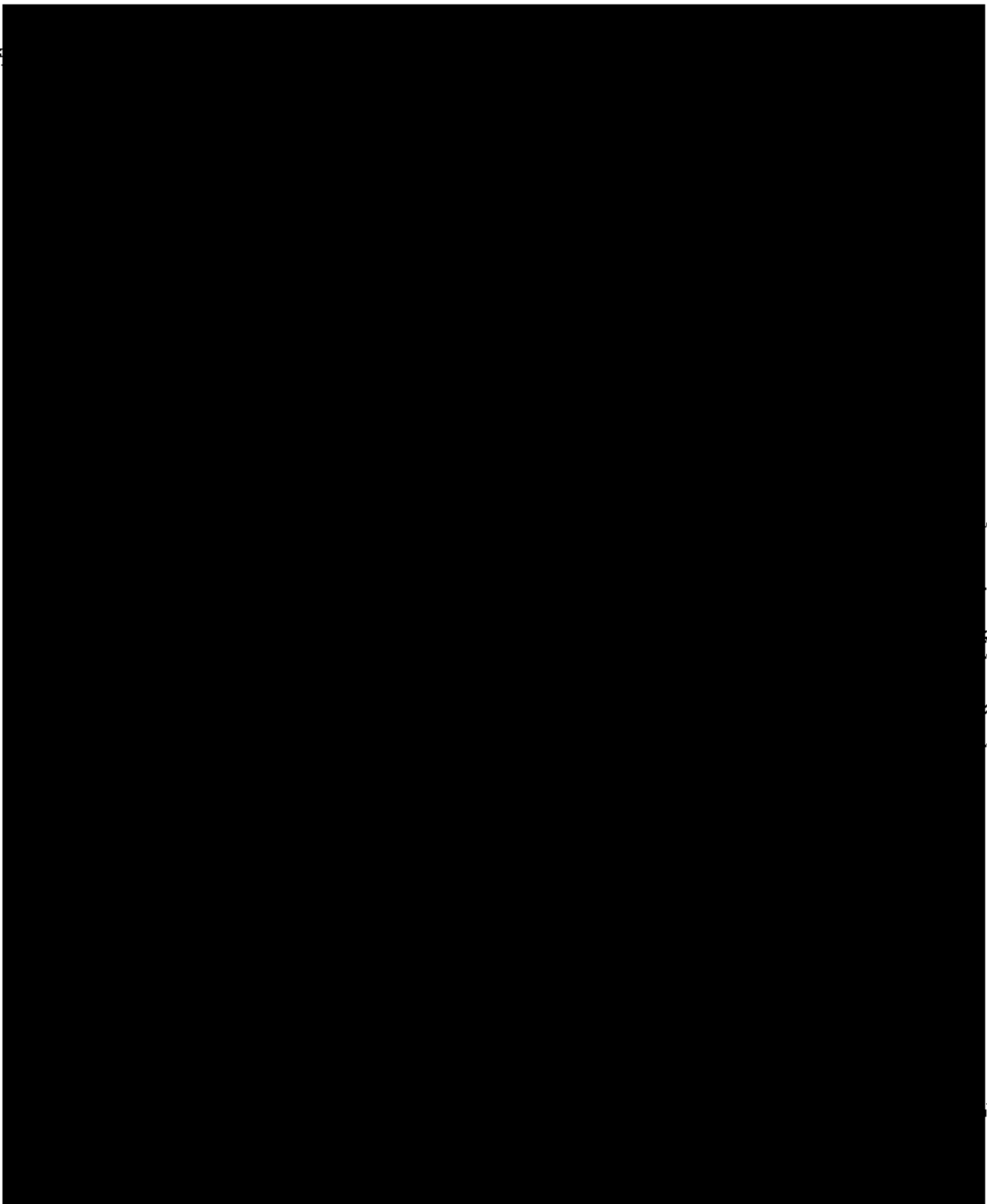
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 436	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
Date Received: <b>JAN 20 2001</b> Defect No: <b>01-001-2001</b>		Od or _____ Rt or _____ Oc or _____ Up or _____ Reference No. <b>897122</b>	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <b>718036</b>		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner [Redacted]			
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) <b>KMHJF25FXXU870591</b>		Vehicle Make <b>HYUNDAI</b>	
Vehicle Model <b>ELANTRA</b>		Vehicle Year <b>1999</b>	
Purchase Date <b>08-03-99</b>		Dealer's Name <b>RED McCOMBS</b>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City <b>SAN ANTONIO</b> State <b>Tx</b> Zip Code <b>78214</b>	
Engine Size (CID/CC/L) _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
No. of Cylinders <b>4</b>		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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motor-belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	
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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style: <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <b>12111000</b>		Part Name(s) <b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</b>	
Location: <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right		Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures <b>1</b>		Date(s) of Failure(s) <b>15-SEP-2001</b>	
Mileage at Failure(s) <b>51000</b>		Vehicle Speed at Failure(s) <b>60 MILES AN HOUR</b>	
Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>APPLICATION INCIDENT INFORMATION</b>			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of Persons Injured <b>1</b>		Number of Fatalities <b>1</b>	
Estimated Property Damage <b>(car total wrecked)</b>		Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
VEHICLE WAS GOING 60MPH ON EXPRESS WAY AND CONSUMER'S VEHICLE REARENDED A STALLED VEHICLE. DRIVER'S AND PASSENGER'S AIR BAGS DIDN'T DEPLOY. PASSENGER WAS INJURED. CONSUMER WAS IN PROCESS OF CONTACTING MANUFACTURER. *AK Contacted Insurance agent and they provided me with \$15,500 dollars to repair the vehicle, however HYUNDAI informed me that the car is totaled. I have no transportation and I had to pay out.			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974 (Public Law 93-502) 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.			



**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. § 552(b)(6)**

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