



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

13-NOV-2001

Od_or

rt_dt

od_rt

ip_lr

Reference No.

899037

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
KMHDN45D81U160123		HYUNDAI	ELANTRA	2001	
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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style		
			☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 12112100	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT/ INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 06-NOV-2001 Mileage at Failure(s) 1000 Vehicle Speed at Failure(s) 40	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	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER REARENDED ANOTHER VEHICLE WHILE DRIVING 35-45 MPH, A SECOND VEHICLE HIT CONSUMER'S DRIVER'S SIDE DOOR. UPON IMPACT, NEITHER FRONT NOR SIDE AIRBAGS DEPLOYED. MINOR INJURIES, VEHICLE WAS TOTALLED.

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758 Date Received <u>11-17-2001</u> <u>13-NOV-2001</u> Od_or _____ rt_dt _____ od_rt _____ up_itr _____ Reference No. <u>899037</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] <u>725806</u>		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 [Redacted] Date <u>12/4/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at: Support rail, windshield on driver's side) <u>KMH0N46D81U160123</u>		Vehicle Make <u>HYUNDAI</u> Vehicle Model <u>ELANTRA</u> Vehicle Year <u>2001</u> Current Odometer Reading _____	
Purchase Date <u>7-28-2001</u> ☒ New ☐ Used		Dealer's Name <u>Red McCombs Superior</u> City <u>San Antonio</u> State <u>Tx</u> Zip Code <u>78229</u> Engine Size (CID/CC/L) _____ No. Cylinders <u>4</u> ☐ Turbo Diesel Gas Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No	
Restraint System ☐ 3-Point Belt ☒ Motorbelt ☒ Driver's Side Airbag ☐ 2-Point Belt ☒ Passenger's Side Airbag		Cruise Control ☒ Yes ☐ No	
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utility Truck ☐ Motorcycle	
Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>12111000</u> <u>12112100</u>		Part Name(s) <u>Driver</u> INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR	
Location ☒ Left ☐ Right ☒ Front ☐ Rear		Failed Part(s) ☒ Original ☐ Replacement	
No. of Failures <u>2</u>		Date(s) of Failure(s) <u>08-NOV-2001</u> Mileage at Failure(s) <u>1000</u> Vehicle Speed at Failure(s) <u>40</u> 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 <u>1</u>		Number of Fatalities <u>0</u>	
Estimated Property Damage <u>\$14,268.00</u> <u>(complete loss)</u>		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) <u>same</u> CONSUMER REARENDED ANOTHER VEHICLE WHILE DRIVING 35-45 MPH, A SECOND VEHICLE HIT CONSUMER'S DRIVER'S SIDE DOOR. UPON IMPACT, NEITHER FRONT NOR SIDE AIRBAGS DEPLOYED. MINOR INJURIES, VEHICLE WAS TOTALLED.			
CONTINUE ON BACK IF NEEDED			
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