



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
TO REPORT VEHICLE SAFETY DEFECTS  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: \_\_\_\_\_  
**RECEIVED**  
 03 FEB 10 AM 12: 23  
 OFFICE DEFECTS INVESTIGATION  
 Daytime Telephone Number: \_\_\_\_\_  
 Reference No. 10008888

**OWNER INFORMATION (Type or Print)**  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City: Cocoa State: FL Zip Code: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of \_\_\_\_\_ A WILL NOT provide your name or address to the vehicle manufacturer.  
 Signature of Owner: \_\_\_\_\_ Date: 10/28/02

**PRODUCT INFORMATION**  
 Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side): KNAFD1218X5P14P92  
 Make: Kia Model: Sephia Year: 1999  
 Purchased Date: 8/28/99 Dealer's Name: Bonaface Hires Engine Size (CID/CCA): \_\_\_\_\_  
 Dealer's City: Merritt Island State: FL Zip Code: \_\_\_\_\_ No. Cylinders: 4  
 New  Used  
 Manufacture Date (on driver's door or pillar): ?  
 Transmission Type:  Manual  Automatic  
 Restraint System:  Driverside Air Bag  Motorbell  Passengerside Air Bag  5-Point Belt  3-Point Belt  
 Cruise Control:  Yes  No  
 Drivetrain:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Sport Utility  Van  Truck  Minivan  Motorcycle  Other  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Part Name(s): Air intake manifold(?)  
 Location:  Left  Right  Front  Rear  
 Failed Part(s):  Original  Replacement  
 Handicap Adaptive Equip:  Yes  No

**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**  
 Tire Brand: \_\_\_\_\_ Tire Name: \_\_\_\_\_ Complete Tire Size: \_\_\_\_\_  
 No. of Failures: \_\_\_\_\_ Date(s) of Failure(s): \_\_\_\_\_ Mileage at Failure(s): \_\_\_\_\_ Vehicle Speed at Failure(s): \_\_\_\_\_  
 Failed Part(s) Available?  Yes  No  
 NHTSA Previously Contacted?  Yes  No

**APPLICABLE INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)  
 Crash:  Yes  No  
 Fire:  Yes  No  
 Number of Persons Injured: 0  
 Number of Fatalities: 0  
 Reported to Manufacturer:  Yes  No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).  
I was driving to work when someone yelled out her window to "get out of my car it's on fire!" Next thing I knew the car was in smoke and flames.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.