



U.S. Department of Transportation  
National Highway Traffic Safety Administration

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 252

Date Received

Repository

2003 JUN 20 11 09 AM '03

Reference No.  
10022957

**OWNER INFORMATION (Type or Print)**

Name

Address

City ROOSEVELT

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 6/20/2003

**VEHICLE INFORMATION**

Make

KIA

Model

SPORTAGE

Model Year

2000

Date Purchased

9-15-2000

Dealer's Name and Telephone Number

MATCO OF THE FIVE TOWNS INC. 516 371-3777

Engine:

No. Cylinders

4

Fuel Type:

Unleaded

Original Owner

Dealer's City

Lawrence

State

N.Y.

Zip Code

11559

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

063200 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM; MANIFOLD

Multiple Failure: 1

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

Incident Date(s)

12-JUN-2003

Failure Mileage

Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), Federal Control, and injuries.)

Crash

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE TRAVELING ABOUT 55MPH ON THE HIGHWAY AND WITHOUT PRIOR WARNING MUFFLER/TAIL PIPE FELL OFF. \*AK

Fuel line went + timing belt  
and my Truck still doesn't sound good.  
This has been a nightmare for me.  
I also paid someone to look at the truck + Breakdown.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.