



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 757

Date Received 2003-JUN-20 11:03 AM	Repository <input type="checkbox"/>
Reference No. 10022972	
Dealer Telephone Number	E-mail Address
Event Telephone Number	

### OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: ROOSEVELT State: NY Zip Code: [Redacted]

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

17 digit vehicle Identification Number (VIN) (Listed at front of vehicle on driver's side) 51A N05A 723 1Y5667756	Make KIA	Model SPORTAGE	Model Year 2000
Date Purchased 9-15-2000	Dealer's Name and Telephone Number Major of the fine owners Inc DBA	Engine: No: Cylinders 4	Fuel Type: Unleaded
Original Owner <input checked="" type="checkbox"/>	Dealer's City Lawrence	State NY	Zip Code 11559
Transmission Type <input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 021400 SUSPENSION:FRONT:MACPHERSON STRUT	
Multiple Failure: 1			

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

Incident Date(s) 12-JUN-2003	Failure Mileage	Failure Speed
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### 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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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), failure(s), crash(es), and injury(es).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 65MPH ON THE HIGHWAY A LOUD NOISE WAS COMING FROM THE REAR SIDE OF VEHICLE. RIGHT PASSENGER SIDE STRUT BROKE. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-573 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.