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 1375

Date Received	Repository
10-JUN-2003	

2003 JUN -3 AM 10:20

Reference No. 10024113

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City FRONT ROYAL | State VA | Zip Code [redacted]
Daytime Telephone Number [redacted] | E-mail Address
Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a [redacted] address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/24/03

VEHICLE INFORMATION

	Make	Model	Model Year
[redacted]	KIA	SPORTAGE	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
10/16/01	Parson's 540-667-8400			4	Reg
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control		071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
			Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-JUN-2003	4249	0	Other Dates: 11/6/01 11/23/01 12/7/01 2/4/03 5/20/03 6/14/03

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: DOTMA9ABC036)	☐ 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), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

INTERMITTENTLY GAS WILL SPEW OUT FROM TANK WHILE FILLING. DEALER HAS REPAIRED 5 TIMES, BUT PROBLEM STILL OCCURRING. *AK

CAR has been in repairs on several occassions for the fuel system, there has been occassions it will not accept fuel, occassions it won't shut off & gas has poured out, the most recent Dealership I took vehicle in for repairs, stated that this model vehicle has been known for the fuel line problem. I have informed the manufacturer, however they didn't seem to be any response at this time. BBB complaint filed for arbitration

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