



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 (335)

Date Received: 2003 JUN -1 PM 1:57
23-JUN-2003
Repository:
Reference No.: 10024696

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BROKEN ARROW State: OK Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
E-mail Address: [Redacted]
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 an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 07/14/03

VEHICLE INFORMATION

Make: KIA Model: SPORTAGE Model Year: 2000
Date Purchased: [Redacted] Dealer's Name and Telephone Number: Ferguson Kia
Original Owner: [Redacted] Dealer's City: Broken Arrow State: OK Zip Code: 74012
Engine: [Redacted] Fuel Type: [Redacted]
Transmission Type: Automatic Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 114000 ELECTRICAL SYSTEM: WIRING
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): Feb 24, 2003
Failure Mileage: 82000 Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example: P215/65R15): [Redacted]
DOT No. (Example: DOTM15ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)
Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] 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).

CONSUMER STATES THAT SMOKE IS COMING OUT OF THE STEERING COLUMN, TOOK VEHICLE TO A MECHANIC, AND THEY SAID THAT WIRES IN STEERING COLUMN WERE CAUSING FRICTION. *AK

more than "friction" - mechanic told me eventually the car would have burned to the ground. My battery has been replaced twice due to a corroded cable leading to the engine. To this date my horn does not work & no one knows if the airbag would deploy.

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

The Privacy Act of 1974 (Public Law 93-502) 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.