



US Department of Transportation  
National Highway Traffic Safety Administration

**AUTO SAFETY HOTLINE**  
**VEHICLE OWNER'S QUESTIONNAIRE**

NATIONWIDE 1-800-424-9393  
DC METRO AREA 202-366-8123

**FOR AGENCY USE ONLY**

DATE RECEIVED

2003 JUN 26 PM 1:18

od, or \_\_\_\_\_  
ri, di \_\_\_\_\_  
od, rt \_\_\_\_\_  
up, lr \_\_\_\_\_

REFERENCE NO.

100 26993

DAY TIME TELEPHONE NO. (AREA CODE)

**OWNER INFORMATION (TYPE OR PRINT)**

NAME AND ADDRESS

[REDACTED]  
HOT SPRINGS VIL AR [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

[REDACTED]

DATE 6-16-03

**VEHICLE INFORMATION**

VEHICLE IDENTIFICATION NO.\* **KNOWP 131226192937** VEHICLE MAKE **Kia** VEHICLE MODEL **SEDONA EX** MODEL YEAR **2002**  
\*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVERS SIDE

CURRENT ODOMETER READING **22060** DATE PURCHASED **10-3-01** DEALER'S NAME, CITY & STATE **CRANE NO LITTLE ROCK AR** ENGINE SIZE (CID/CCL) \_\_\_\_\_ NO. CYLINDERS **6**  TURBO  DIESEL  GAS  FUEL INJECTN

TRANSMISSION TYPE  MANUAL  AUTOMATIC ANTILOCK BRAKES  YES  NO RESTRAINT SYSTEM  DRIVERSIDE AIRBAG  MOTORBELT  PASSENGERSIDE AIRBAG  3-POINT BELT  2-POINT BELT CRUISE CONTROL  YES  NO DRIVETRAIN  FRONT  REAR  4-WHEEL BODY STYLE STAWAG  4 DR  2 DR HATCH BK  VAN  PK UP TRK  OTHER \_\_\_\_\_

**FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)**

COMPONENT	PART NAME(S)	LOCATION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	FAILED PART(S) <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	MILEAGE AT FAILURE(S)		
	VEHICLE SPEED AT FAILURE(S)		

**APPLICABLE ACCIDENT INFORMATION**

ACCIDENT  YES  NO FIRE  YES  NO NUMBER PERSONS INJURED \_\_\_\_\_ NUMBER OF FATALITIES \_\_\_\_\_ PROPERTY DAMAGE EST\$ \_\_\_\_\_ POLICE REPORTED  YES  NO

**NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)**

COMPLAINT -- FOOT FEED AND BRAKE PEDAL TO CLOSE TO EACH OTHER.  
- RIDES ROUGH

CONTINUE ON BACK IF NEEDED

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.