



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

Date Received

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

203 JUN 11 AM 10:04

Reference No.

10029424

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Street No.	[REDACTED]	Apt. No.	[REDACTED]
City	Freemansburg	State	PA
Zip	[REDACTED]	Daytime 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 6/1/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits)	(Located at bottom of windshield on driver's side)	Make	Model	Year
K N A F B 1 2 1 7 A 5 7 8 4 0 9 U		KIA	Sepia SEDAN	1999
Purchased Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo	
Sept 2000	BROWN + DAUB		<input type="checkbox"/> Diesel	
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City	No. Cylinders	<input checked="" type="checkbox"/> Gas	
	Easton, PA	4	<input type="checkbox"/> Fuel Injection	
Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain
Burned	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorist <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-wheel
				Vehicle Type
				<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
				Body Style
				<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
ELECTRICAL FIRE Burned throughout engine area	<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Incident: ON OCT 12-2001 Between 9 + 10 PM while Driving through the North Side of Bethlehem - Union Boulevard toward Freemansburg - Became aware of a vehicle close to my Rear (I thought he was tail gating) Flashing his headlights and trying to get my attention After about 5 blocks of this he pulled Broad St & shouted that there was a cloud of smoke and fire coming from my car - I immediately pulled off the highway + my wife + I ran away from the car. The whole front end was heavy with smoke + flames from an engine fire - removed burning under hood fire co. + pulled out the fire - car was completely fire ravaged under hood +

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

FRONT END- LOCAL SAFETY MINDED CITIZENS KEPT CURIOS ONLOOKERS AWAY FROM SCENE BECAUSE THREAT OF LARGER FIRE & POSSIBLE EXPLOSION FROM FUEL TANK WHICH WAS ABOUT 8 TO 10 GALLONS FLOWED WITH GASOLINE - AFTER ABOUT 1 1/2 HOURS AT FIRE SCENE AREA VOLUNTEERS TRANSPORTED US TO OUR HOME ABOUT 1 TO 1 1/2 MILES AWAY - NEXT DAY MADE CONTACT WITH OUR INSURANCE CARRIER - STATE FARM - WHOSE REPRESENTATIVE DID A CLASS A JOB FOR THIS SITUATION - CERTAIN SITUATION - ALSO NEXT DAY MADE PERSONAL VISIT TO BRENN & DAVID MORTON, PA - WHERE I PURCHASED THE CAR - CASH - THEIR REACTION - COOPERATION & INTEREST IN OUR PLIGHT WAS HORRIBLE - SUCH POOR SERVICE IN MY 80 YEARS I NEVER EXPERIENCED. TOTAL DURESS OF OUR WHAT COULD HAVE BEEN A DISASTER - I GIVE STATE FARM ADJUSTORS & REPRESENTATIVES MADE OBSERVATIONS & FINISH ADJUSTMENTS WHICH I ACCEPTED.

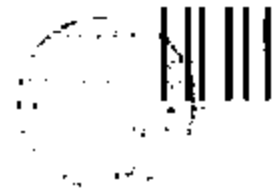
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VQQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH 2 DOT

and dial toll free at

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1-888-327-4236

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