



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 1388

Date Received: 2003 DEC 10 PM 2:58
22-OCT-2003

Repository

Reference No. 10044554

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PARLIN State: NJ Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [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: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **KNADPC125536**

Make: KIA Model: RIO Model Year: 2003

Date Purchased: 9/4/03 Dealer's Name and Telephone Number: Oasis Auto Center 732-591-1111
Original Owner: Dealer's City: 3098 Rte 9 South Old Bridge N.J. 08857
Engine: No. Cylinders 4 Fuel Type: Unleaded

Transmission Type: Automatic Antilock Brakes Powertrain Cruise Control
Vehicle Component Code: 090000 FUEL SYSTEM, OTHER
Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-SEP-2003 → Nov 2003
Failure Mileage: 280 → 3000
Failure Speed: Vehicle stopped or turned off
Description: Burning rubber or plastic Kosmoline smell particularly when idling in traffic or just after ignition is turned off.

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: DOTM1ALBAC036): _____ 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: Yes No
Fire: Yes No
Number of Persons Injured: 1
Number of Deaths: 0
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 TOOK VEHICLE TO DEALERSHIP TO CHECK FOR STRONG ODOR INSIDE OF VEHICLE. THE FUMES/ODORS BECAME VERY HEAVY WHEN DRIVING, AND CAUSED THE DRIVER TO BECOME ILL. WAS INFORMED BY MECHANIC THAT ODORS DRIVER WAS SMELLING WERE CALLED KOSMOLINE AND WOULD EVENTUALLY DISAPPEAR. *AK

Nauseating smell of burning rubber or plastic from time of original purchase of new Kia Rio 2003. Allergic to smell now after breathing melting Kosmoline and/or under carriage for over 3000 miles. Smell comes out of vents in cabin and from underneath car when car stops and passenger exits car.

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

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**