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

2004 MAR -7 AM 10: 52

FOR AGENCY USE ONLY 100192

Date Received	Repository ☐
12-FEB-2004	Reference No. 10058058

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	

Address [redacted]

City	State	Zip Code
MODESTO	CA	[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 [redacted] your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KNAFB121325[redacted]	KIA	SPECTRA	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
12-22-2002	Kia Country / Country Nissan (209)	4	

Original Owner	Dealer's City	State	Zip Code
☒	Manteca	Ca	95336

Transmission Type			Vehicle Component Code
5 Speed	☐ Antilock Brakes ☐ Cruise Control	Powertrain	140000 AIR BAGS Seat Belt Release
			Multiple Failure: 1 - 2 Seat Belt

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-12-2003	12	30-40	Seat Belt Air Bag.

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: DOTMAL9ABC036)	☐ 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 Injuries.)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	Y

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).

WHILE DRIVING 50MPH VEHICLE WAS IN INVOLVED IN A CRASH, AND AIR BAGS FAILED TO DEPLOY. *AK Seat Belt over left shoulder (left shoulder belt) released - Did not hold occupant securely in seat. (weight of occupant 122 lbs.)

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

MODESTO POLICE DEPARTMENT

☒ TRAFFIC COLLISION REPORT ☐ NAME EXCHANGE REPORT page 1 of 5

NB

SPECIAL CONDITIONS	NO. INJ	H&R FELONY	CITY	JUDICIAL DISTRICT	NO.
	7	☐	MODESTO	STANISLAUS SUPERIOR	
	NO. KILLED	H&R MISD	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	STANISLAUS	305 / 78	03-117349

LOCATION	COLLISION OCCURRED ON	MO	DAY	YR	TIME (2400)	NCIC #	OFFICER I.D.
	Oakdale Rd	12	12	03	0727	5002	10620

☒ AT INTERSECTION WITH: St. Pauls Way ☐ OR: ____ FEET/MILES ____ OF

S M T W T F S (F circled) — TOW AWAY: ☒ YES ☐ NO — STATE HWY: ☐ YES ☒ NO

PARTY 1

DRIVER ☒ — PEDESTRIAN ☐ — PARKED VEHICLE ☐ — BICYCLIST ☐ — OTHER ☐

DRIVER'S LICENSE NUMBER: [redacted] — STATE: CA — CLASS: C — SAFETY: 6 — VEH YR: 02 — MAKE/MODEL/COLOR: Kia Spectra 4D Grey — LICENSE NUMBER / STATE: [redacted]

NAME (FIRST, MIDDLE, LAST): [redacted]

STREET ADDRESS: [redacted]

CITY / STATE / ZIP: Mod CA [redacted]

SEX: F — HAIR: Bro — EYES: Hzl — HEIGHT: 5-3 — WEIGHT: 182 — BIRTHDATE MO: 7 DAY: 25 YEAR: 70 — RACE:

HOME PHONE: ( ) [redacted] — BUSINESS PHONE: ( )

INSURANCE CARRIER: 21st Century [redacted]

DIR. OF TRAVEL: S — ON STREET OR HIGHWAY: Oakdale Rd — SPEED LIMIT: 40 — PCF: 21801(a) VC

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER — Towed by Scenic Shell

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD ☒ MAJOR ☐ TOTAL

CITATION NUMBER:

PARTY 2

DRIVER ☒ — PEDESTRIAN ☐ — PARKED VEHICLE ☐ — BICYCLIST ☐ — OTHER ☐

DRIVER'S LICENSE NUMBER: [redacted] — STATE: CA — CLASS: C — SAFETY: 6 — VEH YR: 88 — MAKE/MODEL/COLOR: Wht. Intl Dump Trk, 20 Ft Trailer — LICENSE NUMBER: [redacted]

NAME: [redacted]

STREET ADDRESS: [redacted]

CITY / STATE / ZIP: Manteca CA [redacted]

SEX: M — HAIR: Blk — EYES: Bro — HEIGHT: 5-10 — WEIGHT: 200 — BIRTHDATE MO: 9 DAY: 10 YEAR: 46 — RACE:

HOME PHONE: [redacted] — BUSINESS PHONE: ( )

INSURANCE CARRIER: Safeco [redacted] POLICY NUMBER

DIR. OF TRAVEL: N — ON STREET OR HIGHWAY: Oakdale Rd — SPEED LIMIT: 40 — PCF:

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER — Driven Away

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☒ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

CITATION NUMBER:

PARTY 3

DRIVER ☒ — PEDESTRIAN ☐ — PARKED VEHICLE ☐ — BICYCLIST ☐ — OTHER ☐

DRIVER'S LICENSE NUMBER: [redacted] — STATE: CA — CLASS: C — SAFETY: 6 — VEH YR: 87 — MAKE/MODEL/COLOR: Ford F350 Pkp — LICENSE NUMBER: [redacted]

NAME: [redacted]

STREET ADDRESS: [redacted]

CHP ✓ Blk H/R — Bd — P&T Util. DA

CITY / STATE / ZIP: Mod CA [redacted]

SEX: M — HAIR: Blk — EYES: Blu — HEIGHT: 5-9 — WEIGHT: 230 — BIRTHDATE MO: 10 DAY: 5 YEAR: 87 — RACE:

HOME PHONE: ( ) [redacted] — BUSINESS PHONE: ( )

INSURANCE CARRIER: Farmers [redacted]

DIR. OF TRAVEL: N — ON STREET OR HIGHWAY: Oakdale Rd. — SPEED LIMIT: 40 — PCF:

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER — Towed by Modesto Ford Towing

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ TOTAL

CITATION NUMBER:

INVESTIGATED BY: [signature] [redacted] — REVIEWED BY: TJS T-12 — I.D. NUMBER: 10043

PAGE 2 | No. 03-117549

PROPERTY DAMAGE	OWNER'S NAME / ADDRESS	NOTIFIED ☐ YES ☐ NO
	DESCRIPTION OF DAMAGE	

COLLISION NARRATIVE

NOTIFICATION: I RECEIVED A DISPATCH CALL OF A COLLISION
AT APPROX. 0727 HRS.
SUMMARY: P-1 ([illegible]) WAS TRAVELING SOUTH ON [illegible] RD IN THE
LEFT TURN LN. P1 WAS PREPARING TO TURN LEFT ONTO ST. [illegible] WAY.
P2 ([illegible]) WAS TRAVELING NORTH ON [illegible] RD IN THE #1 LN STOPPED
JUST NORTH OF ST. [illegible] WAY. P3 ([illegible]) WAS TRAVELING NORTH ON [illegible]
IN THE #3 LN APPROACHING ST. [illegible]. NORTH BOUND TRAFFIC ON [illegible] IN
THE #1 & 2 LANES WAS STOPPED FOR TRAFFIC SOUTH OF ST. [illegible] WAY. TRAFFIC
WAS CLEAR FOR P3 TO CONTINUE PAST ST. [illegible] WAY. P1 MADE THE LEFT TURN
ONTO ST. [illegible] WAY [illegible] THE THE #1 & 2 LANES ON [illegible] BUT DROVE
INTO THE PATH OF P3. P3 COLLIDED INTO P1, THIS CAUSED P-1
TO COLLIDE INTO P2.

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR — LIST NUMBER (#) OF PARTY AT FAULT
- 1 A VC SECTION 21801 A VC — CITED YES NO
- B OTHER IMPROPER DRIVING*
- C OTHER THAN DRIVER*
- D UNKNOWN*
- E FELL ASLEEP*

WEATHER (MARK 1 TO 2 ITEMS)
- A CLEAR ✓
- X B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY ____ FT
- F OTHER*
- G WIND

LIGHTING
- X A DAYLIGHT
- B DUSK - DAWN
- C DARK - STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE
- X A DRY
- B WET
- C SNOWY - ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)
- A HOLES, DEEP RUTS*
- B LOOSE MATERIAL ON ROADWAY*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION - REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*
- X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES (1 2 3)
- X A CONTROLS FUNCTIONING — 1
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
- A HEAD-ON
- B SIDE SWIPE
- C REAR END
- X D BROADSIDE
- E HIT OBJECT
- F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*

MOTOR VEHICLE INVOLVED WITH
- A NON-COLLISION
- B PEDESTRIAN
- X C OTHER MOTOR VEHICLE
- D MOTOR VEH. ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL
- I FIXED OBJECT
- J OTHER OBJECT

PEDESTRIAN'S ACTION
- X A NO PEDESTRIAN INVOLVED
- B CROSSING IN CROSSWALK AT INTERSECTION
- C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D CROSSING — NOT IN CROSSWALK
- E IN ROAD — INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACH / LEAVING SCHOOL BUS

TYPE OF VEHICLE (1 2 3)
- A PASSENGER CAR / STA. WGN — 1
- B PASSENGER CAR W/ TRAILER
- C MOTORCYCLE / SCOOTER
- D PICKUP OR VAN — 3
- E PICKUP / PANEL TRK W/TLR — 2
- F TRUCK OR TRUCK TRACTOR
- G TRK / TRK TRACTOR W/TLR
- H SCHOOL BUS
- I OTHER BUS
- J EMERGENCY VEHICLE
- K HWY CONST EQUIPMENT
- L BICYCLE
- M OTHER VEHICLE
- N PEDESTRIAN
- O MOPED

OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)
- A VC SECTION VIOLATION — CITED YES NO
- B VC SECTION VIOLATION — CITED YES NO
- C VC SECTION VIOLATION — CITED YES NO
- D
- E VISION OBSCUREMENT
- F INATTENTION*
- G STOP & GO TRAFFIC
- H ENTERING / LEAVING RAMP
- I PREVIOUS COLLISION
- J UNFAMILIAR WITH ROAD
- K DEFECTIVE VEH. EQUIP. — CITED YES NO
- L UNINVOLVED VEHICLE
- M OTHER*
- N NONE APPARENT — 1 2 3
- O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION (1 2 3)
- A STOPPED — 2
- B PROCEEDING STRAIGHT — 3
- C RAN OFF ROAD
- D MAKING RIGHT TURN
- E MAKING LEFT TURN — 1
- F MAKING U TURN
- G BACKING
- H SLOWING / STOPPING
- I PASSING OTHER VEHICLE
- J CHANGING LANES
- K PARKING MANEUVER
- L ENTERING TRAFFIC
- M OTHER UNSAFE TURNING
- N XING INTO OPPOSING LANE
- O PARKED
- P MERGING
- Q TRAVELING WRONG WAY
- R OTHER*

SOBRIETY-DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
- A HAD NOT BEEN DRINKING — 1 2 3
- B HBD — UNDER INFLUENCE
- C HBD — NOT UNDER INFLU.*
- D HBD — IMPAIRMENT UNK.*
- E UNDER DRUG INFLU.*
- F IMPAIRMENT — PHYSICAL*
- G IMPAIRMENT NOT KNOWN
- H NOT APPLICABLE
- I SLEEPY / FATIGUED

SPECIAL INFORMATION
- A HAZARDOUS MATERIAL

INVESTIGATED BY	I.D. NUMBER	REVIEWED BY	I.D. NUMBER
[signature]	[illegible]		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
12-12-03	0727	5202	10020	03-117545

"X" ONE: [X] Narrative [ ] Supplemental

"X" ONE: [ ] Collision report [ ] Other:

TYPE SUPPLEMENTAL ("X" IF APPLICABLE): [ ] BA update [ ] Fatal [ ] Hit and run update [ ] Hazardous materials [ ] School bus [ ] Other:

CITY/COUNTY/JUDICIAL DISTRICT

REPORTING DISTRICT/BEAT

CITATION NUMBER

LOCATION/SUBJECT [redacted]

STATE HIGHWAY RELATED [ ] Yes [ ] No

1. WITNESS #1 (WITNESS) SAW THE COLLISION
2. WHILE SHE WAS TRAVELING EAST ON AVENUE AT ST. HELENA
3. WITNESS #2 (ACCUSED) WITNESS THE COLLISION FROM ST. HELENA WEST
4. BY AVENUE. BOTH W-1 & W-2 SAW P-1 MAKE A LEFT TURN
5. IN FRONT OF P-2.
6.
7. ACCUSED P-1 CAUSED THE COLLISION BY FAILING TO YIELD
8. THE RIGHT OF WAY TO P-2 WHILE MAKING A LEFT TURN
9. P-1 WAS IN VIOLATION OF 21801 A CVC.
10.
11. RECOMMENDATIONS: NONE
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31.

PREPARED BY (NAME AND I.D. NUMBER): Simon/10020 DATE: 12/12/03

REVIEWER'S NAME: DATE:

Use previous editions until depleted.

STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS
CHP 555 Page 3 (Rev. 5-97) OPI 062

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
12/18/03	0727	5002	10520	03-117349

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
☐ #	☐	73	F	☐	☒	☐	☐	☒	☐	☐	☐	☐	1	1	G-G	

NAME / D.O.B. / ADDRESS [redacted] TELEPHONE

(INJURED ONLY) TRANSPORTED BY AMR TAKEN TO [illegible] Medical

DESCRIBE INJURIES LARGE LACERATION ACROSS LEFT EYE TOP OF FACE *

WITNESS ONLY	PASSENGER ONLY	AGE	SEX									
☒ # 1	☐	77	F	☐	☐	☐	☐	☐	☐	☐	☐	☐

☐ VICTIM OF VIOLENT CRIME NOTIFIED

[redacted] TELEPHONE

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☒ # 2 [redacted] TELEPHONE

TAKEN TO

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY TAKEN TO

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY TAKEN TO

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

☐ # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY TAKEN TO

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
[signature]	14536			

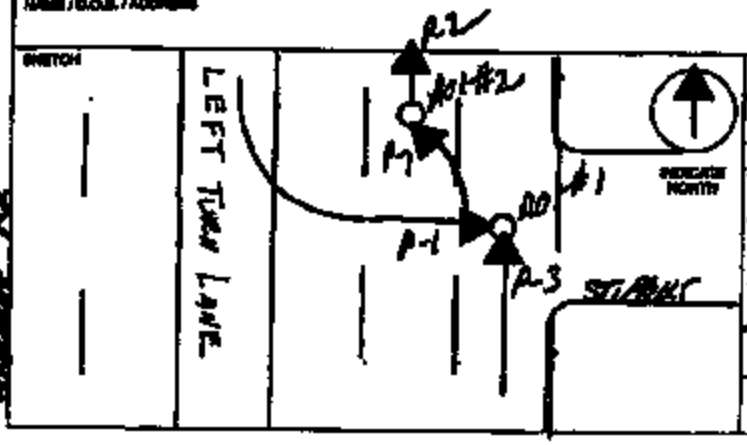
VICTIM'S ONLY	PASSENGER ONLY	AGE	SEX	[redacted]	WITNESS WAS (X)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	
					DRIVER	PASS.	PED.	BICYCLIST	OTHER				
☐	☐				☐	☐	☐	☐	☐				

NAME / D.O.B. / ADDRESS — TELEPHONE

☐	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS — TELEPHONE

SKETCH



VEHICLE DAMAGE
#1 #1
3 FT LEFT SIDE OF ST. ARMS. Citation # _____
4 FT BACK OF CARMICHAEL Rd

#2 #2
18 FT LEFT SIDE OF CARMICHAEL Rd
2 FT RIGHT OF ST. ARMS Dr.

Investigated by: [redacted] ID # 10620

I did not see #3 in 3rd lane away from me.

[redacted]
Modesto, CA [redacted]

April 21, 2004

03-117349
Scene Shell

LARRY SIVILLE
POLICE OFFICER
OPERATIONS DIVISION

CITY OF MODESTO
POLICE DEPARTMENT
P.O. BOX 3313
800 10TH STREET
MODESTO, CA 95353-3313

VOICE MAIL (209) 342-9100 EXT. 24088
FAX (209) 572-6656

National Highway
Traffic Safety Administration
400 Seventh St. S.W.
Washington, D.C. 20590

While I was in the Emergency room of the Modesto Memorial North Hospital Police Officer, Larry Siville, came in and asked about the accident. (He was at the accident shortly after it happened.) He told me, "Your air bags did not deploy." I did not comprehend what he was telling me. He left me his card. I have talked to him and thanked him for his thoughtfulness.

I have been waiting for a reply to my letter of February 23, 2004, from Kia. I believe I have given them ample time to reply. This is why I have not sent the form you sent me sooner.

My seat belt did not keep me secure in my seat. Is this the way seat belts are designed? I don't think so. If it is why am I making sure my seat belt is buckled up? Thanks for your time and concern.

Sincerely,

[redacted]

Kia Motors America, Inc.
Corporate Office
9801 Muirlands Blvd.
P.O. Box 52410
Irvine, CA 92619-2410
(949) 470-7000 • Fax (949) 470-2802

February 12, 2004

[redacted]
Modesto, CA [redacted]

This letter is their reply to our phone conversations. My reply to this letter (Feb. 23, 2004) is attached.

RE: Case [redacted]
2002 Spectra
KNAFB121325 [redacted]

Dear [redacted]

We at Kia Motors America were sorry to learn that you had recently been involved in an automobile accident. After an accident occurs, it is perfectly normal for people to try to understand what happened and to ask questions about how airbags are designed to function. In this case, we understand that you are concerned that your airbags did not deploy and your seatbelt not holding you in place.

As you probably know from reading the vehicle owners manual, airbags are not intended to deploy in all accident situations. In fact, since airbags themselves cause some injuries because of the speed and force with which they must deploy, Kia's engineers designed your airbags to only deploy in severe accidents where the risk of serious injury or death is substantial.

Police Report Page 4 #5 Severe Injury

Your primary safety restraints are your seatbelts. They have been proven to be the best protection in all types of collisions, including frontal crashes, side and rear impacts and rollovers. While airbags can contribute to the protection of the vehicle occupants, they are only effective in the most serious collisions.

Kia has completed an inspection of the vehicle and has determined that due to the angle of impact the airbags should not have deployed. In our investigation we also tested the seatbelts and found that they did function as designed. We trust that, by now, your insurance company has inspected the vehicle. Rest assured that if their investigation reveals that your vehicle did not operate as designed, they would contact Kia Motors America at their earliest convenience.

Thank you for allowing us to review this matter and provide our position. Kia will take no further action at this time. when will action be taken and what will it be?

Sincerely,

Angel Romo

Angel Romo
National Consumer Affairs
Kia Motors America, Inc.

[redacted]
Modesto, Ca [redacted]

Kia Motors America, Inc.
Corporate Office
P.O. Box 52410
9801 Muirlande Blvd.
Irvine, Ca 92619-2410

RE: Case [redacted]
2002 Spectra
KNAFB12132[redacted]

February 23, 2004

Dear [redacted]

Your concern regarding my accident of December 12, 2003 in our 2002 Kia Spectra is appreciated.

I know the Kia Motors did not design the seat belts in their Kia vehicles to allow their passengers, when an accident happens, to leave their seats and go through space hitting the rear view mirror with such force as to cause a laceration above the eye lid taking 22 stitches to close, and then letting them slam back down fracturing/breaking their pelvic bone, plus cause massive bruising to the inside femur from the buttocks to the knee. From the lacerated eye lid upward to the top of my head is without feeling. (Numb.)

I have talked to your worker, Brenda Kay, several times. She asked me if I would like a replacement for my vehicle. My answer is yes. If I could have a replacement Kia I would be grateful.

Sincerely,

[redacted]

NINO - A Kia Claims adjuster has pictures of our Kia. I'm sure he has given them to you

12/22/2002

DELIVERY REPORT

NAME [redacted] DATE 12/22/2002

ADDRESS [redacted] SALESPERSON GRAHAM, DUSTIN

CITY MODESTO, CA [redacted] SALES MANAGER SIMS, DAN

PHONE [redacted] STOCK # K3968 VIN # KNAFB121325[redacted]

YR/MODEL 2002 SPECTRA COLOR EXT/INT GREEN

The following item(s) and /or work has been agreed upon as a condition of sale:

1. VEHICLE SOLD AS EQUIPPED 10 years or
2. NO WORK WAS PROMISED OR IMPLIED warantee 100,000 miles
3.
4.

The following item(s) are being *VOLUNTARILY* purchased and are *NOT* in any way required by the seller, lender, or any governmental agency:

1.
2.
3.
4.
5.
6.
7.
8.

This Delivery Report must be presented at the time of work request, within 30 days of above date, and be signed by an authorized dealership representative. I UNDERSTAND THAT THE DEALERSHIP MAKES NO CLAIMS OR REPRESENTATIONS WITH RESPECT TO THE HISTORY OF THE ABOVE VEHICLE.

NO OTHER ITEM(S) OR WORK HAS BEEN PROMISED OR IMPLIED.

Customer Acceptance [redacted]

Authorized Dealership Representative

Please call our SERVICE DEPARTMENT for an appointment to have the above work performed.

ZW4

Kia Country
DEALERSHIP

F & I CHECK-OFF SHEET

IT IS THE SINCERE DESIRE OF THE DEALERSHIP THAT THERE BE NO MISUNDERSTANDING REGARDING ANY PART OF THIS TRANSACTION. WE THEREFORE REQUEST THAT YOU DO NOT ACCEPT DELIVERY UNLESS ALL PHASES OF THIS SALE HAVE BEEN MADE CLEAR TO YOU.

1. I have purchased a (X) NEW ( ) USED ( ) DEMO
   2002 YEAR Kia MAKE Spectra MODEL 17 MILES
2. I have received a copy of the signed conditional sales contract.
3. I understand that the warranty on the vehicle I have purchased is:
   (X) a. STANDARD FACTORY WARRANTY.
   ( ) b. ALL USED CARS SOLD "AS IS" WITH NO WARRANTY.
4. **I UNDERSTAND THAT THE DEALERSHIP MAKES NO CLAIMS OR REPRESENTATIONS WITH RESPECT TO THE HISTORY OF THE ABOVE VEHICLE.**
5. Has anything been promised to you that is not written on your Delivery Report? _____ YES X NO
6. _____ **THIS VEHICLE IS A PREVIOUS DAILY RENTAL.**
   SIGNATURE
7. I understand that the dealership is arranging financing for this purchase and may assign the contract to the lender of their choice.
8. I understand that I have 21 days in which to arrange financing for this purchase and that after that date the dealership may send this contract to the lender of their choice.
9. I/ We agree to verify income immediately upon request.
10. I understand that I am responsible for any difference in the payoff over the estimated balance of $ N/A owing on my trade in.
11. I understand that the license and registration fees shown on the conditional sales contract or purchase order are estimated and that I am responsible for any difference between the estimated fees and the actual fees.
12. I understand that the dealership does not have loaner cars.
13. I have received a copy of this form.

[redacted] 12-22-02
PURCHASER SIGNATURE DATE

[redacted] 12-22-02
PURCHASER SIGNATURE DATE

DEALERSHIP REPRESENTATIVE 12/22/02
DATE

ZW-3

CUSTOMER CLAIM FORM

BUYER INFORMATION (please type or print)

FIRST NAME	MIDDLE INITIAL	LAST NAME
[redacted]	[redacted]	[redacted]

ADDRESS	AREA CODE	PHONE NUMBER
[redacted]	([redacted]	

CITY	STATE	ZIP CODE	SSN
MODESTO	CA	[redacted]	[redacted]

VEHICLE INFORMATION

MODEL NUMBER	SALE DATE	VEHICLE IDENTIFICATION NUMBER
	DEC 22/2002	[redacted]

CHECK ONE: ☑ PURCHASE ☐ LEASE

DEALER VALIDATION (to be completed by authorized Kia Dealer)

DEALER NAME	DEALER CODE
[illegible] KIA DELANO	

STREET ADDRESS	AREA CODE	PHONE NUMBER
[illegible]	(209)	[illegible]

CITY	STATE	ZIP CODE
[illegible]	CA	[illegible]

I certify that the vehicle listed above is eligible under the official rules of the incentive program named below and that all information presented is true and correct and complies with the KMA definition of a sale. I am authorized to execute the Application on behalf of the Dealer named above, and by submission of this form the Dealer agrees to participate in the program. I further certify that I have read, am familiar with and ensure compliance with all the Program rules and procedures.

12/22/2002

Authorized Dealer Signature — Date

THIS SECTION MUST BE FILLED IN (to be completed by authorized Kia Dealer)

PROGRAM NAME:	PROGRAM NUMBER:
PROGRAM PERIOD: START [illegible] END: / /	MODEL DESCRIPTION: SPECTRA

CASH REFUND INFORMATION (to be filled out by purchaser/lessee)

CHECK ONE

☐ I elect to receive the refund directly to me from the dealer. I release Kia Motors America, Inc. and its affiliates from any further claim or obligation for payment to me for this vehicle.

☐ I elect to use the refund toward the purchase or lease and I therefore assign it to the dealer. I release Kia Motors America, Inc. and its affiliates from any further claim or obligation for payment to me for this vehicle.

INCENTIVE AMOUNT: $

Customer must retain a copy of this claim form. Any inquiry regarding payment must reference the vehicle identification number.

[redacted] 12/22/2002

CUSTOMER SIGNATURE — DATE

Note: All payments will be sent directly to the dealer. If customer steps customer cash, dealer is responsible to pay. Dealer will be reimbursed by electronic authorization over Kia DCS. Release of unit over Kia DCS represents dealer authorization as stated and signed above. Completed claim form signed by the customer and authorized dealer must remain on file at dealership. Claim form must be available for review by Kia at any time.

White Copy - Selling Dealer Canary Copy - Customer

Rev. 8/1/02

UM860 PM 018

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).

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.