



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 - 1367

Date Received: 12-JUL-2004
Repository:
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BROADVIEW HEIGHTS State: OH 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?
In the absence of an answer, this report will be sent to the vehicle manufacturer. YES NO
Signature of Owner: [REDACTED] Date: 7/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KNADC125X36 [REDACTED]
Make: KIA Model: RIO Model Year: 2003
Date Purchased: 9-16-03 Dealer's Name and Telephone Number: [REDACTED]
Original Owner: [REDACTED] Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Engine: No. Cylinders: [REDACTED] Fuel Type: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: [REDACTED]
Vehicle Component Code: 083140 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM; EMISSION
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-AUG-2003 Failure Mileage: 60 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: D TMA18ABC036): [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), Event(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).

WHEN IT RAINS THE VEHICLE FAILS TO START. ALSO, THE CATALYTIC CONVERTOR IS GIVING OUT A ROTTEN EGG ODOR THAT COMES THROUGH THE AIR VENTS. DEALER SAID WE SHOULD GO TO SERVICE THE VEHICLE. THEY WERE ONLY SAYING IT TAKES A YEAR BEFORE THE SMELL GOES AWAY. *AK

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

This Privacy Act of 1974, title, 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.