



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
(1-888-327-4235)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received: 2004 AUG 20 PM 8:00
03-AUG-2004
Repository
Reference No. 10087087

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: WORCESTER State: MA 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? 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: 8/12/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KNDJA7237Y5 [REDACTED]
Make: KIA Model: SPORTAGE Model Year: 2000
Date Purchased: 28-APR-03 Dealer's Name and Telephone Number: RAGSDALE KIA 508-842-2242
Engine: No. Cylinders: 4 Fuel Type: Gas
Original Owner: Dealer's City: SAREWSBURY State: MA Zip Code: 01545
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-JUN-2004 Failure Mileage: 41412 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/B5R15): [REDACTED]
DOT No. (Example: DCTMALBABC036): [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), failure(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).

CONSUMER STATED THAT FUEL WAS LEAKING FROM THE TOP OF THE FUEL TANK ONTO THE EXHAUST PIPE WHILE DRIVING. DEALER WAS NOTIFIED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. 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.

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

ON 6/5/2004 OR FEW DAYS BEFORE I STARTED TO SMELL GAS. I BROUGHT THE VEHICLE TO THE DEALER IN AUBURN MA ON 6-7-04 TO FIND OUT WHERE GAS LEAK WAS COMING FROM. THEY TOLD ME TOP OF GAS TANK WAS ROTTED AWAY ALONG WITH FUEL PUMP AND SENSOR. I ASKED IF WARRANTY WOULD COVER THE COST THEY TOLD ME NO THE REPAIR OF THE VEHICLE COST ME \$96.00 TO REPAIR I DID NOT HAVE THIS CAR A YEAR YET I FEEL THIS IS A MANUFACTURE DEFECT AND A SAFETY ISSUE I THINK MANUFACTURE SHOULD HAVE PAID FOR REPAIRS I BOUGHT VEHICLES WITH 31,889 MILES ON IT 4/4/12 WHEN REPAIR WAS DONE

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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 79173 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, NVS-216
400 7th Street, SW
Washington, DC 20590



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and dial toll free at

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(DASH) 2 DOT



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**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).**