



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 **FOR AGENCY USE ONLY 241**

Date Received **11 5: 58** Repository
02-NOV-2004 Reference No. 10099239

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED] Evening Telephone Number [REDACTED]
City **PORT ARTHUR** State **TX** Zip Code [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: **KNDJB7234Y5 [REDACTED]** Make **KIA** Model **SPORTAGE** Model Year **2000**
Date Purchased **18-JAN-00** Dealer's Name and Telephone Number _____ Engine: No. Cylinders **4** Fuel Type: **Gas**
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type **AUTOMATIC** Antilock Brakes Cruise Control Powertrain **FRONT WHEEL DRIVE** Vehicle Component Code **141000 AIR BAGS:FRONTAL**
Multiple Failures: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **23-MAR-2003** Failure Mileage **72000** Failure Speed **60**

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: DOTM1A9ABC036) 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 **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).

THE CONSUMER LOST CONTROL OF VEHICLE WHILE DRIVING 60-65 MPH. THE VEHICLE HIT A EMBANKMENT AND FLIPPED OVER THREE TIMES AND NONE OF THE AIR BAGS DEPLOYED. THE CONSUMER WAS TRANSPORTED BY AMBULANCE TO THE LOCAL HOSPITAL DUE TO INJURIES TO THE HEAD AND BODY. *JB

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.

THIS REPORT IS SUBJECT'S ACCIDENT REPORT (T-3) (SEE FORM) MAIL TO: ADDRESS BEAUMONT, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4887, BEAUMONT TX 77715-0887

DATE WHEN ACCIDENT OCCURRED: 03-22

COUNTY: JEFFERSON CITY OR TOWN: PORT ARTHUR

ROAD OR HIGHWAY: 91-72

WEATHER: CLEAR

TIME OF ACCIDENT: 7:10

DAY OF WEEK: SATURDAY

VEHICLE TYPE: PASSENGER

NO. 1 MOTOR VEHICLE: VIN: KMDJ7234YB22727

MAKE: KIA MODEL: SPORTAGE

COLOR: BLACK

YEAR: 00

WEIGHT: 40

PLATE: TX

REGISTRATION: C

SALES TAX: B

PROPERTY TAX: F

ALCOHOLIC ANALYSIS RESULT: NONE

VEHICLE OFFICER AND DRIVER: NONE

VEHICLE DAMAGE BY: NONE FOUND

VEHICLE DAMAGE BY AMOUNT: \$1475

NO. 2 MOTOR VEHICLE: NONE

NO. 3 MOTOR VEHICLE: NONE

NO. 4 MOTOR VEHICLE: NONE

NO. 5 MOTOR VEHICLE: NONE

NO. 6 MOTOR VEHICLE: NONE

NO. 7 MOTOR VEHICLE: NONE

NO. 8 MOTOR VEHICLE: NONE

NO. 9 MOTOR VEHICLE: NONE

NO. 10 MOTOR VEHICLE: NONE

1	1	1	1
1-ALCOHOL 2-DRUGS 3-TOBACCO 4-OTHER	1-ALCOHOL 2-DRUGS 3-TOBACCO 4-OTHER	1-DRUGS 2-TOBACCO 3-OTHER	1-DRUGS 2-TOBACCO 3-OTHER

TYPE ROAD SURFACE: 1

THE FRONT LANE WAS FRESHLY PAVED AND WAS BLENDED WITH THE OUTER LANE

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1,000 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES

NAME: DEREK PRITCHARD

DATE REPORTED: 03-22-03

TIME REPORTED: 7:15

REPORT MADE AT: BEAUMONT

DATE OF REPORT: 03-22-03

TIME OF REPORT: 7:15

REPORT MADE BY: DEREK PRITCHARD

DATE OF REPORT: 03-22-03

REPORT MADE AT: BEAUMONT

DATE OF REPORT: 03-22-03

TIME OF REPORT: 7:15

5874 TWIGG ROAD ADDY TEXAS

Reference # 10099239

VEHICLE TYPE (VIN)	CLASS	CLASS FOR THE REPORT TYPE	CLASS CODE	CLASS USE	CLASS FOR THE REPORT TYPE	CLASS FOR THE REPORT TYPE
VEHICLE TYPE (VIN)	1-OUT-DRIVE 2-TRUCK 3-TRUCK 4-TRUCK 5-TRUCK 6-TRUCK	1-VEHICLE TYPE 2-VEHICLE TYPE 3-VEHICLE TYPE 4-VEHICLE TYPE 5-VEHICLE TYPE 6-VEHICLE TYPE	1-VEHICLE 2-VEHICLE 3-VEHICLE 4-VEHICLE 5-VEHICLE 6-VEHICLE	1-VEHICLE 2-VEHICLE 3-VEHICLE 4-VEHICLE 5-VEHICLE 6-VEHICLE	1-VEHICLE 2-VEHICLE 3-VEHICLE 4-VEHICLE 5-VEHICLE 6-VEHICLE	1-VEHICLE 2-VEHICLE 3-VEHICLE 4-VEHICLE 5-VEHICLE 6-VEHICLE

UNIT NO. 1
 MAKE: **9-1415**
 MODEL: **IS 6 REDERLAND**
 AIRPORT GULF WRECKER
 NON-PREFERENCE

VEHICLE MAKE (LAST NAME FIRST)	VEHICLE MODEL (LAST NAME FIRST)	VEHICLE COLOR	VEHICLE TYPE	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR	VEHICLE TYPE
VEHICLE MAKE (LAST NAME FIRST)	VEHICLE MODEL (LAST NAME FIRST)	VEHICLE COLOR	VEHICLE TYPE	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR	VEHICLE TYPE
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DESCRIPTION OF VEHICLE AND DAMAGE
 1. MID JEFFERSON HOSPITAL
 LABELLE FANRETT EMA
 7:13a
 7:23a
 3

VEHICLE MAKE (LAST NAME FIRST)
 VEHICLE MODEL (LAST NAME FIRST)
 VEHICLE COLOR
 VEHICLE TYPE

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