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

AUG 19 AM 3:22

FOR AGENCY USE ONLY 100148	
Date Received 25-JUL-2005	Repository ☐
	Reference No. 10129858

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City POLK	State PA	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 __/__/__

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KNDUP13[redacted]	KIA	SEDONA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	880000 OTHER Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-JUN-2005			

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: DOTMAL9ABC038)	☐ 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

Crash	Fire	Number of Persons Injured		Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

DT: THE CONSUMER RECEIVED A RECALL LETTER IN THE MAIL ON JUNE 15, 2005. THERE WAS NO RECALL NUMBER ON THE LETTER. THE CONSUMER HAS CONTACTED THE DEALER AND THEY DO NOT HAVE THE PARTS. IT HAS BEEN A MONTH SINCE THE CONSUMER RECEIVED THE LETTER. THE CONSUMER CONTACTED THE MANUFACTURER AND THE PARTS WERE BACK ORDER. *JB

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