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 100148

Date Received: 2005 SEP 23 AM 5:58
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Repository ☐

Reference No.: 10133000

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: GRAND CHENIER | State: LA | Zip Cod[redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

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
KNAFE121345[redacted]	KIA	SPECTRA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
05-OCT-04	LAKE CHARLES KIA 337-990-0975 439-9955			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City: LAKE CHARLES	State: LA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	220000 SEATS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-OCT-2004			

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: DOTMALBA8C036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to 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: 2004 KIA SPECTRA. THE CONSUMER STATES THE PASSENGER SEAT HAS A FEATURE THAT HAS A LIGHT THAT COMES ON IF THE PERSON IN THE SEAT IS LESS THAN 80 POUNDS, STATING THE AIRBAG IS OFF. THIS LIGHT COMES ON WHEN THERE IS AN ADULT IN THE SEAT. THE VEHICLE HAS BEEN TAKEN TO THE DEALERSHIP, THE SEAT WAS SENT TO HOUSTON, AND IT WAS RECALIBRATED. THE SEAT WASDOING THE SAME THING, AND NOTHING COULD BE DONE UNTIL THE DEALERSHIP TALKED TO A KIA REPRESENTATIVE. THIS PROBLEM OCCURRED SINCE THE PURCHASE OF THE VEHICLE.*AK

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