



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 OCT -6 AM 5:56  
09-SEP-2005  
Repository   
Reference No. 10136028

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Address [REDACTED]  
City SPRINGFIELD State OH Zip Cod [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 a signature, your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 9/19/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KNAFB121835 [REDACTED]  
Make KIA Model SPECTRA Model Year 2003  
Date Purchased 11-JAN-03 Dealer's Name and Telephone Number JEFF WHYLER AUTOMALL 937-325-4601 Engine: No: Cylinders 4 Fuel Type: Gas  
Original Owner  Dealer's City SPRINGFIELD State OH Zip Code 45504  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-AUG-2005 Failure Mileage 23000 Failure Speed

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: DOTM19ABC036)  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 1 Number of Deaths 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).

DT: 2003 KIA SPECTRA. THE CONSUMER STATED WHEN TURNING THE VEHICLE WAS HIT ON THE FRONT END BY THE WHEEL. THE VEHICLE WAS HIT SO HARD THAT THE BUMPER CAME OFF AND PUSHED THE ENGINE AND HOOD IN. THE FIREMAN SAID THE AIR BAGS SHOULD HAVE DEPLOYED. THE VEHICLE SPUN AROUND TWICE. THIS BROKE THE REAR AXLE ON THE DRIVER'S SIDE. THE VEHICLE ENDED UP SIX FEET FROM WHERE THE ACCIDENT OCCURRED. THE CONSUMER'S BACK WAS SORE FOR A FEW WEEKS. A POLICE REPORT TAKEN. THE INSURANCE COMPANY TOTALED THE VEHICLE AND HAS NOT BEEN INSPECTED TO SEE WHY THE AIRBAGS DID NOT DEPLOY. \*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.