



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

2006 APR - 6 PM
07-MAR-2006

Repository

Reference No.
10152072

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MADISON State: WI Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of [REDACTED] Signature of Owner

YES to the vehicle manufacturer
Date 3/11/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KNADC12599 [REDACTED]
Make: KIA Model: RIO Model Year: 2003
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: No. Cylinders: 4 Fuel Type: Gas
Original Owner: Dealer's City: MADISON State: WI Zip Code: 53704
Transmission Type: MANUAL Antilock Brakes: Powertrain: FRONT WHEEL DRIVE
Cruise Control: Vehicle Component Code: 161100 SEAT BELTS: FRONT ANCHORAGE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-MAR-2006 Failure Mileage: 30000 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 P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [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).

DT*: THE CONTACT STATED THE SEAT BELT ON THE DRIVER'S SEAT CAME UNBOLTED FROM THE FRAME. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR INSPECTION OR REPAIR.

THIS IS THE SECOND TIME THE SEAT BELTS HAVE FAILED. IN FEDERAL AND LAW-ENFORCEMENT SAYING OUR SEAT BELTS ARE NOT ATTACHED.

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.