



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  
706 MAY -2 AM 10-APR-2006  
Repository   
Reference No.  
10154973

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City FRAMINGHAM State MA Zip Code [REDACTED]  
Daytime Telephone Number [REDACTED] E-mail Address [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 or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 4/20/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
KNDJA7238Y [REDACTED] Make KIA Model SPORTAGE Model Year 2000  
Date Purchased 12/11/00 Dealer's Name and Telephone Number Crestree  
Original Owner  Dealer's City Derby State CT Zip Code [REDACTED]  
Engine: No: Cylinders 4 Fuel Type: Gas  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain 4 WHEEL DRIVE  
Vehicle Component Code 141000 AIR BAGS:FRONTAL  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 02-APR-2006 Failure Mileage 136000 Failure Speed 65

**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: DOTM15ABC035)  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 2 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).

DT\*: THE CONTACT STATED WHILE DRIVING 70 MPH, THE VEHICLE WAS INVOLVED IN A CRASH. SEVERAL VEHICLES MADE EMERGENCY STOPS IN FRONT OF THE CONTACT AND THE CONTACT SLAMMED INTO THE REAR OF THE VEHICLES. HOWEVER, THE AIRBAGS DID NOT DEPLOY. ALL FOUR OCCUPANTS OF THE VEHICLE WERE WEARING SEAT BELTS. THE CONTACT AND THE FRONT PASSENGER RECEIVED INJURIES TO THE NECK AND BACK. THE POLICE AND INSURANCE COMPANY WERE PRESENT AT THE SCENE OF THE ACCIDENT AND PROVIDED WRITTEN REPORTS. THE INSURANCE COMPANY DETERMINED THE VEHICLE TOTALED. THERE WAS ALSO ADDITIONAL PROPERTY DAMAGE TO THE OTHER VEHICLE(S) INVOLVED.

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.

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

I was driving 9EB Masspike. 65. and two car may  
Southern Brake and I brake but my car would not stop hitting them  
an in front of me. My air bag did not deploy.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

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**BUSINESS REPLY MAIL**  
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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
400 7th Street, SW  
Washington, DC 20590

