



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

Repository

29 JUN - 5 AM 9:30
14 JUN 2006

Reference No.
10159791

OWNER INFORMATION (Type or Print)

Name

Address

City FALL RIVER

State MA

Zip Code

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 an _____ to the vehicle manufacturer. YES NO
Signature of Owner _____ Date 6/13/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
KNDJA723

Make
KIA

Model
SPORTAGE

Model Year
2000

Date Purchased
15-OCT-04

Dealer's Name and Telephone Number
COLONIAL SOUTH CHEVROLET 508-678-8395

Engine:
No. of Cylinders 4

Fuel Type:
Gas

Original Owner

Dealer's City
FALL RIVER

State
MA

Zip Code
02724

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code

07L100 FUEL SYSTEM, GASOLINE; STORAGE: TANK ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-JUN-2006

Failure Mileage
13607

Failure Speed

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: DOTM3A8C035)

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

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 WHILE PARKED IN THE DRIVEWAY A FUEL LEAK WAS NOTICED UNDER THE VEHICLE. IT WAS DRIVEN TO THE DEALER WHO DETERMINED THE TANK HAD DETERIORATED AND THE TANK WAS REPLACED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.