



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/nctline

FOR AGENCY USE ONLY 100148

Date Received

10-AUG-2006

Repository

Reference No.
10165155

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City CALDWELL State NJ 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? 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
KNDJA723XY [Redacted] Make KIA Model SPORTAGE Model Year 2000
Date Purchased 09-OCT-05 Dealer's Name and Telephone Number PRIVATE PERSON Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City FLORHAM PARK State NJ Zip Code 07932
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 092200 FUEL SYSTEM, OTHER:DELIVERY:HOSES, LINES/PIPING, ANI
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-AUG-2006 Failure Mileage 88000 Failure Speed 25

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: DOTM19ABC036) 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 0 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 DRIVING 25 MPH, THERE WAS A SMELL OF GASOLINE INSIDE THE VEHICLE. AN INDEPENDENT REPAIR SHOP INSPECTED THE VEHICLE AND DETERMINED THE FUEL LINE HAD CRACKED AND DISINTEGRATED. A REPLACEMENT FUEL LINE WAS ORDERED AND THE MANUFACTURER WAS CONTACTED.

The metal piece that is bolted onto the fuel tank and holds the fuel pump is made of such poor metal that it rusted and disintegrated allowing gas to escape and run under the vehicle

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 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)

*Metal cap holding fuel pump rusted & disintegrated,
gas leaked under the car. Please do not
let someone know before you do something
about a very dangerous flaw.*

ATTACH ADDITIONAL SHEETS IF NECESSARY

NEWARK NJ 07102

06 SEP 2006 PM 1 1



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

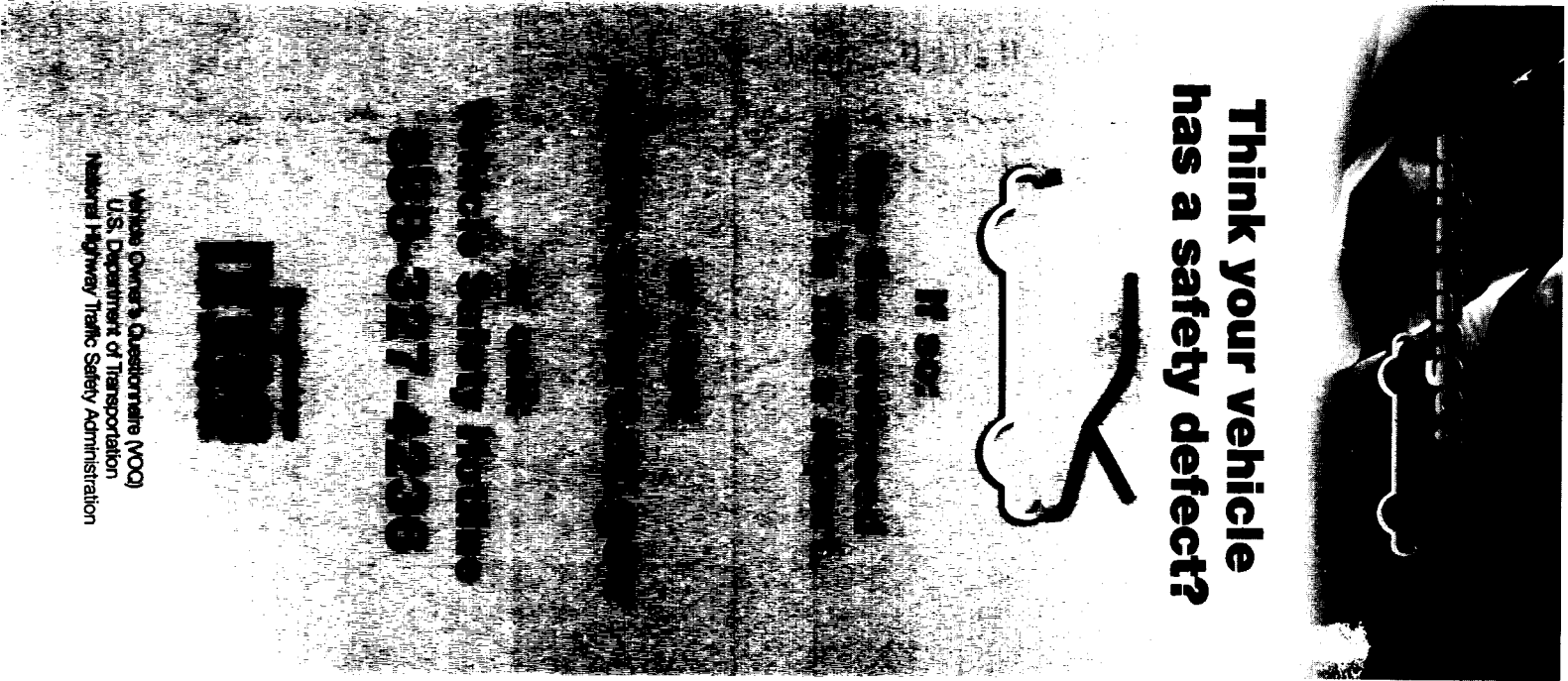
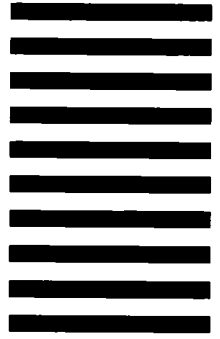
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

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



**Think your vehicle
has a safety defect?**



1-800-321-4236

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