



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 SEP 12 10:23
24-AUG-2006

Repository

Reference No.
10166422

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BURLINGTON State VT Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 [REDACTED] Date 09/01/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side
KNDJA7231Y [REDACTED] Make KIA Model SPORTAGE Model Year 2000
Date Purchased 03-MAR-05 Dealer's Name and Telephone Number
Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City So. Burlington State VT Zip Code 05401
Transmission Type Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
MANUAL Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-JUN-2006 Failure Mileage 85000 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: DOTM19ABC036) Original Equipment Failure Location:
 Prior Repair
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 A VERY STRONG GASOLINE SMELL WAS NOTICED INSIDE AND OUTSIDE OF THE VEHICLE. THE DEALERSHIP DETERMINED THERE WAS A HOLE IN THE GAS TANK. THE PARTS WERE NOT IN AND WHEN THE CONTACT RETURNED TO A DIFFERENT DEALERSHIP TO HAVE THE HOLE REPAIRED, THE CONTACT NOTICED THE HOLE HAD DETERIORATED EVEN MORE.
I had the fuel tank repaired along w/ the sending unit + pump and the sendi pressure sensor which were also affected by the ~~rust~~ corrosion.

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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).