



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
AM 8:42
01-OCT-2007

Repository
Reference No.
10204590

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City EAST ALTON State IL 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 [REDACTED] NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/7/07

VEHICLE INFORMATION

17 digit vehicle identification Number located at bottom of windshield on driver's side
KNDJA7231Y5 [REDACTED] Make KIA Model SPORTAGE Model Year 2000
Date Purchased 01-JAN-05 Dealer's Name and Telephone Number AUSSENBERG KIA 618-624-2277 Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City O'FALON State IL Zip Code 62269
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-SEP-2007 Failure Mileage 89078 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location:
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 0 Number of Deaths 0 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).

TL*THE CONTACT OWNS A 2000 KIA SPORTAGE. THE CONTACT DETECTED A STRONG GASEOUS ODOR WHILE THE VEHICLE WAS PARKED IN THE GARAGE. HE LOOKED UNDERNEATH THE VEHICLE AND NOTICED FUEL LEAKING FROM THE FUEL TANK. THE DEALER STATED THAT HIS VIN WAS NOT INCLUDED IN THE RECALL. THE COST TO REPLACE THE FUEL TANK WOULD BE [REDACTED]. THE MANUFACTURER STATED THAT THEY WOULD BE UNABLE TO DEFRAY THE COST. THE RECALL NUMBER WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 89,078.

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.