



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 <input type="checkbox"/>
10-DEC-2007 2008 MAR -4 PM 2:13	Reference No. 10211321

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: AURORA State: OH 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?
In the absence of an address to the vehicle manufacturer. YES NO
Signature of Owner: [REDACTED] Date: 12/18/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KNDJA7233Y5 [REDACTED] ✓

Make: KIA	Model: SPORTAGE	Model Year: 2000
Date Purchased:	Dealer's Name and Telephone Number: CLARKE KIA	Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner: <input checked="" type="checkbox"/>	Dealer's City: CUYAHOGA FALLS State: OH Zip Code: 0390	
Transmission Type: AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain: 4 WHEEL DRIVE
	Vehicle Component Code: 061100 ENGINE AND ENGINE COOLING:ENGINE:GASOLINE	
	Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-NOV-2007	Failure Mileage: 87140	Failure Speed: 0
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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):	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: 0	Number of Deaths: 0	Reported to Police: N
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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'S DAUGHTER OWNS A 2000 KIA SPORTAGE. THE CONTACT HAD TO REPLACE THE ENTIRE FUEL TANK ON THE VEHICLE. THIS ALSO INCLUDED THE FUEL TANK, SENDING UNIT, AND FUEL PRESSURE SENSOR. HIS DAUGHTER SMELLED A LEAK IN THE FUEL SYSTEM AND WAS LATER INFORMED THAT THE ENTIRE TANK NEEDED TO BE REPLACED. THE PURCHASE DATE WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 87,140.

*COULD SMELL GAS 3 OR 4 HOURS AWAY
W/LOWLYBY HILLS AUTO REPAIR REPLACED FUEL TANK,
SENDING UNIT, AND FUEL SENSOR(PRESSURE) UNIT AT A
COMBINED COST OF \$1,069.42*

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.