



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 100381

Date Received

Repository ☐

Reference No.
10222789

24-MAR-2008
19 APR 7:29

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **GARRYVILLE** State **TN** 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 **[REDACTED]** Date **05/06/08**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KNAFB12172 [REDACTED] KNAFB12172 [REDACTED]		Make KIA	Model SPECTRA	Model Year 2002
Date Purchased 07-APR-02	Dealer's Name and Telephone Number HARRY LANE CHRYSLER KIA 8655314000		Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner ☒	Dealer's City KNOXVILLE	State TN	Zip Code 37930	
Transmission Type AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 152000 SEAT BELTS:REAR	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-MAR-2008	Failure Mileage 89300	Failure Speed 5	
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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)	☐ 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 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 OWNS A 2002 KIA SPECTRA. WHILE DRIVING APPROXIMATELY 5 TO 10 MPH THE MIDDLE SEAT BELT BROKE. THE CHILD SAFETY SEAT WAS SECURED IN THAT SEAT BELT WHEN IT BROKE. THE CHILD WAS NOT INJURED. THE DEALER STATED THAT THE REPAIR WOULD NOT BE COVERED UNDER THE WARRANTY. THE LABOR RATE IS \$70 AND THE COST TO REPAIR IT IS \$85. AS OF MARCH 24, 2008, THE DEALER HAD NOT REPAIRED THE SEATBELT. THE CONTACT IS AWARE OF THE SAFETY RISK INVOLVED SINCE HER CHILD CAN REACH THE DOOR HANDLE. THE ENGINE SIZE WAS UNAVAILABLE. THE VIN APPEARED TO BE INVALID. THE FAILURE AND CURRENT MILEAGES WERE 89,300.

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.