



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

FOR AGENCY USE ONLY 100148

Date Received

05-MAY-2008

Repository

Reference No.

10226646

7:42

OWNER INFORMATION (Type or Print)

Name, Address, City (HOMOSASSA), State (FL), Zip Code

Daytime Telephone Number, Evening Telephone Number, E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number (KNDJB7235Y), Make (KIA SPORTAGE EX-4XL), Model (SPORTAGE EX), Model Year (2000), Date Purchased, Dealer's Name and Telephone Number (JOHNSON'S KIA 1-352-564-8668), Engine: No. of Cylinders (4), Fuel Type: REG. GAS, Original Owner (checked), Dealer's City (CRYSTAL RIVER), State (FL), Zip Code (34429), Transmission Type (AUTO), Antilock Brakes (checked), Cruise Control (checked), Powertrain (2.0L 16V 4cyl. DOHC ENG.), Vehicle Component Code (034100 SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS), Multiple Failure: MASTER Cyl.

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) (24-MAR-2001), Failure Mileage (40000), Failure Speed (35), FIRST MASTER CYL. FAIL. 5-28-02 - 13,153 MILES, SECOND MASTER CYL. FAIL 5-05-08 - 40,000 MILES

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 (checkbox), Prior Repair (checkbox), 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 (checkbox Yes, checked No), Fire (checkbox Yes, checked 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. WHILE DRIVING APPROXIMATELY 35 MPH, THE BRAKE ICON ILLUMINATED ON THE INSTRUMENT PANEL. THE VEHICLE WAS TAKEN TO THE DEALER AND THEY STATED THAT THE MASTER CYLINDER FAILED. APPROXIMATELY 7 YEARS LATER, THE FAILURE HAS RECURRED. THE FAILURE MILEAGE WAS 40,000.

ENCLOSED PLEASE FIND REPAIR INVOICE FOR THE FIRST MASTER Cyl. FAILURE. THE SECOND MASTER Cyl. WAS SUPPLIED + INSTALLED BY A MECHANIC OTHER THAN KIA BECAUSE OF THE REDICULOUSLY HIGH ESTIMATE QUOTED BY (NOW) CITRUS KIA - CRYSTAL - RIVER FL - I WILL NEVER RETURN TO THAT DEALERSHIP UNLESS I HAVE NO OTHER ALTERNATIVE. I HAVE NEVER OWNED AN AUTO MOBILE THAT NEEDED TWO MASTER CYLS. AT 40,000 MILES.

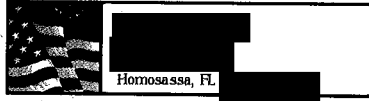
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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)

Please return 05-28-02 invoice if possible

Thank you



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

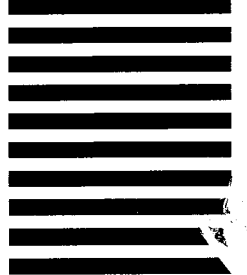
GAINESVILLE/GNY FL 326 12 MAY 2008 PM 1 T

LET US DARE TO BE SAFE NECESSARY IF MAILED THE UNITED STATES

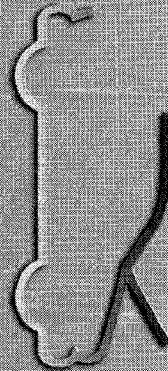
BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-210 1200 New Jersey Ave SE Washington, DC 20077-9382



Think your vehicle has a safety defect?



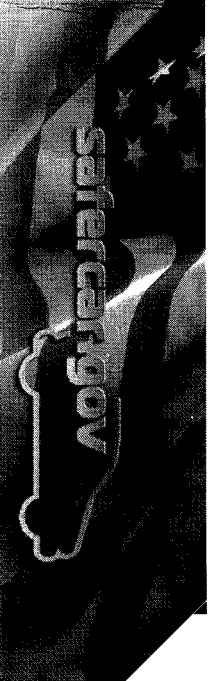
If so: Use the enclosed form to file a report.

or visit: www.safercar.gov

or call: Vehicle Safety Hotline 888-327-4236



Vehicle Owners' Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration



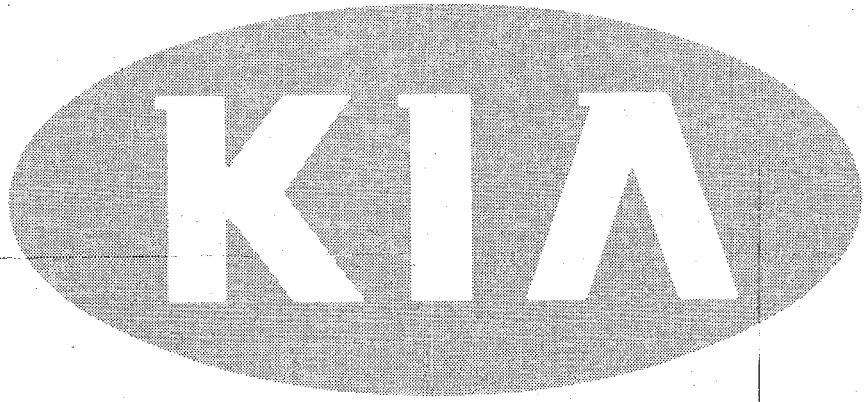
JOHNSONS' KIA



1850 SE HIGHWAY 19 • CRYSTAL RIVER, FL 34429 • (352) 564-8668

R/O 15829	VIN KNDJB7235YE	DATE IN 05/28/02
YEAR 2000	MAKE KIA	TIME IN 08:55
MILES IN 13153	MODEL SPORTAGE	CLOSED 05/28/02
MILES OUT 13154	COLOR BLACK	WRITER 2118
FIRST USE 00/00/00	LISC. HOMOSASSA FL	TAMMY
SEE ALSO	RES. BUS.	

(1) CUST STATES BRAKES LIGHT COMING ON CK AND ADV	Labor 58510R00	A	9	45.00
BRK LITE ON ALWAYS FOUND MASTER CYL LKIN	0K011 43 440	PISTON A	1	86.59
G BETWEEN BOOSTER & MASTER.	67041	BRAKE FL	1	1.94
REPLACE MASTER CYLINDER. 58700A00	Total Repair (WC).....			133.53
12 2612 (DAVE FERGESON-MV-35178)				



	W/C	INT.	CUSTOMER
TERMS	45.00	.00	Labor .00
No returns on electrical or special order items. A restocking charge will be applied on all merchandise returned for credit or refund. No returns after 30 days.	88.53	.00	Parts .00
	.00	.00	Sublet .00
	.00	.00	Shop Supplie .00
	133.53	.00	Oil/Grease .00
		.00	Total .00
		.00	Tax .00
		.00	Total .00

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Job [REDACTED] Customer Copy