



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"/> |
| 16-SEP-2008   | Reference No.<br>10242473           |

**OWNER INFORMATION (Type or Print)**

|         |           |       |    |                          |                |
|---------|-----------|-------|----|--------------------------|----------------|
| Name    |           |       |    | Daytime Telephone Number | E-mail Address |
| Address |           |       |    |                          |                |
| City    | ROCHESTER | State | NY | Zip Code                 |                |
|         |           |       |    | Evening Telephone Number |                |

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO YES  
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 9/29/08

**VEHICLE INFORMATION**

|  |   |                 |   |
|--|---|-----------------|---|
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>KNDMB232565 | Make<br>KIA   | Model<br>SEDONA | Model Year<br>2006                                      |
| Date Purchased   | Dealer's Name and Telephone Number  |                 | Engine:<br>No: Cylinders                                |
| Original Owner <input type="checkbox"/>  | Dealer's City   | State           | Zip Code  |
| Transmission Type  | <input type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control | Powertrain      | Vehicle Component Code<br>170000 LATCHES/LOCKS/LINKAGES |
| Multiple Failure:  |   |                 |   |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                                 |                          |                     |  |
|---------------------------------|--------------------------|---------------------|--|
| Incident Date(s)<br>30-AUG-2008 | Failure Mileage<br>48300 | Failure Speed<br>10 |  |
|---------------------------------|--------------------------|---------------------|--|

**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<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Deaths<br>0 | Reported to Police<br>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 2006 KIA SEDONA. WHILE DRIVING APPROXIMATELY 10 MPH AND PROCEEDING TO TURN LEFT, THE AUTOMATIC PASSENGER AND DRIVER SLIDING DOORS RELEASED UNEXPECTEDLY WITHOUT ASSISTANCE. THE LATCH DETACHED AND WOULD NOT PROPERLY SECURE THE DOORS. THE WARNING LIGHT ILLUMINATED ON THE INSTRUMENT PANEL WHEN THE DOORS RELEASED. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER AND THEY STATED THAT THE FAILURE WAS RELATED TO A MALFUNCTION WITH THE LATCH. THE CONTACT WAS CONCERNED OF THE SAFETY RISK INVOLVED. THE FAILURE AND CURRENT MILEAGES WERE 48,300.

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 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.