U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 JAN -8 PM 2:27

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 ☐
15-DEC-2008	Reference No. 10251809

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City OMAHA	State NE	Zip Code	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of ar... de your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 12/01/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KNDJA72342	KIA	SPORTAGE	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City Council Bluffs	State IA	Zip Code 51501

Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
automatic	☐ Cruise Control			12-OCT-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage	Failure Speed
	55000	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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 2002 KIA SPORTAGE. WHILE DRIVING APPROXIMATELY 10 MPH ON NORMAL ROAD CONDITIONS, THE CONTACT SMELLED A STRONG ODOR OF FUEL COMING THROUGH THE AIR VENTS OF THE VEHICLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR DIAGNOSTIC TESTING; HOWEVER, THE CAUSE OF THE FAILURE COULD NOT BE DETERMINED. ON A SEPARATE OCCASION, THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR THE SAME FAILURE WITH NO RESOLUTION. THE VEHICLE HAS NOT BEEN REPAIRED. THE CONTACT WAS IN THE PROCESS OF NOTIFYING THE AUTHORIZED DEALER. THE VIN WAS UNKNOWN. THE FAILURE MILEAGE WAS 55,000 AND CURRENT MILEAGE WAS 55,900.

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