



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

23-JUN-2009

Repository ☐Reference No.
10274752

OWNER INFORMATION (Type or Print)

Name

Address

City HOLDEN

State MO

Zip Code

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 _____ Date 6/26/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
KNAGD128555Make
KIAModel
OPTIMAModel Year
2005Date Purchased
Aug 08 2005Dealer's Name and Telephone Number
Bob's Right KiaOriginal Owner
☒Dealer's City
IndependenceState
MO

Zip Code

Engine:
No: Cylinders
6Fuel Type:
unleadedTransmission Type
Automatic☒ Antilock Brakes

Powertrain

☒ Cruise Control

Multiple Failure:

Incident Date(s)
20-JUN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS

Failure Mileage
135000Failure Speed
0

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

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).

THE CONTACT OWNS A 2005 KIA OPTIMA. While parked and waiting for another person the owners wife was taking care of their baby in the rear seat. As she was standing outside the rear passenger door their 3yr old son was sitting in the front passenger seat. He attempted to buckle himself in with the seat belt when it slipped from his hand and wrapped around his neck. The seat belt continued to retract and he could not free himself. Owners wife grabbed the top of the belt and kept it from retracting more but was unable to get it to release. She called above person to come to her location where he was forced to cut the belt

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.

To free their son. Date of incident was 20 June 2009. The following Friday 26 June. They were rear ended in a traffic accident. was taken to Emergency room Due to no seat belt available. Approx. 11:00 AM 102700