



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
JUN 03 2010
03-JUN-2010

Repository
Reference No.
10334436

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City WICHITA State KS Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number Same

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
KNAGG4A81A5 [Redacted] Make KIA MOTOR Model OPTIMA Model Year 2010
Date Purchased? *Rental car* Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 01-JUN-2010
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000-VEHICLE SPEED CONTROL *Failed Safety mechanism involving gears and transmission* Failure Mileage 1750 Failure Speed

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 Failure Location:
 Prior Repair
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 1 Driver Number of Deaths 0 Reported to Police Y X later

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 2010 KIA MOTOR OPTIMA. THE CONTACT STATED SHE WAS ABLE TO SHUT OFF THE ENGINE WITH THE GEAR SHIFT SELECTOR STILL IN THE DRIVE POSITION. WHEN RESTARTING, THE VEHICLE ABNORMALLY ACCELERATED RESULTING IN A CRASH. THE CONTACT WAS NOT INJURED AND A POLICE REPORT WAS NOT FILED. THE VEHICLE WAS NOT REPAIRED OR DIAGNOSED. THE FAILURE AND CURRENT MILEAGES WERE 1,750.~~

** I gave the report only 2 days after the crash when I did not have all information needed.*

Please review attached sheets.

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.

Enterprise car rental accident ---- June 1, 2010, (corrected version)
501 N. Broadway, Wichita KS

Leading up to this incident: My personal car - 2000 Infinity was stolen and totaled, May 29, 2010.

My auto Ins (Travelers) arranged for a rental car at Emprise leasing Co. I was not given a choice

of cars as the manager had picked the KIA for me. Driving home I decided to stop by the "Economy Thrift Store" (the police report shows, on the diagram, where I parked and turned off the ignition.)

I Parked rental car facing concrete retail building approximately 3/4 feet from building. Stopped car while gear was in Drive position, turned off ignition attempted to remove key, it would not release. Gearshift was locked up, could not move it to Neutral or Park position. Released seatbelt to reach manual in glove compartment. Manual stated : To start car gearshift must be in Park position and foot on brake.

I was convinced that it would be safe to try to remove the key, I did NOT INTEND TO START THE CAR,

as I slightly moved the key the car started with high speed and crashed head on onto the building.

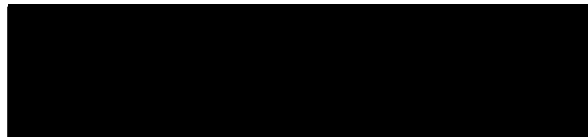
I quickly turned off the ignition.

My feet were on the floor at the time of impact.

My head, chin and shoulders were slammed forward against the steering wheel, then back against the seat and headrest, my knees hit the dashboard. The airbag did not eject.

I am still having cronic pain from the injurys.

I believe the crash was caused by a failed safety mechanism which should have been in place and in working order to protect the driver's safety.



11-16-10

MO 7:30 AM - 4:00 PM TU 7:30 AM - 6:00 PM WE 7:30 AM - 6:00 PM
TH 7:30 AM - 6:00 PM FR 7:30 AM - 6:00 PM SA 9:00 AM - 12:00 PM

NUMBER OF VEHICLE: ENTERPRISE LEASING COMPANY - SOUTHWEST
RANCH ADDRESS: 1001 E. CENTRAL, WICHITA, KS, 672143920

(316) 263-4035
263-4035

833123
833123

RENTAL TYPE: INSURANCE TRAVELERS SOURCE # 799 RENTAL AGREEMENT NO. D 7KLR&R

DATE: 06/01/2010 TIME: 10:40 AM

DAY * CALENDAR DAY: 06-01-2010

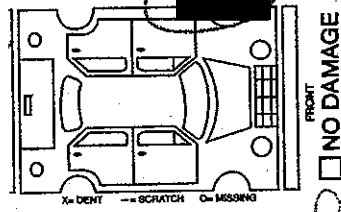
ART CHARGES IF DIFFERENT

VEHICLE: \$25.99/DAY

ORIGINAL VEHICLE KIA
COLOR: RED EB
LICENSE NO. [REDACTED]
MODEL: OPTI ECAR# 750035V

MILE-AGE: IN 1747
OUT

CONDITION AND FUEL LEVEL AGREED TO



OUT: E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
IN: E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

NOTICE: THIS CONTRACT OFFERS, OR AN ADDITIONAL CHARGE, A COLLISION DAMAGE WAIVER TO COVER YOUR RESPONSIBILITY FOR DAMAGE TO THE VEHICLE. BEFORE DECIDING WHETHER TO PURCHASE THE COLLISION DAMAGE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN AUTOMOBILE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER YOUR OWN INSURANCE COVERAGE. THE PURCHASE OF THIS COLLISION DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAIVED.

BILL TO: COMPANY TRAVELERS OVERLAND PARK**
ATTN: GRAY, KELLY PHONE: (913) 402-5319 EXT.

REFERENCE NUMBER: UEL8695-001 \$30.00/DAY \$900.00MAX

ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. NO OTHER DRIVERS PERMITTED.

WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF. I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT (AGREEMENT). USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

RENTER: X
PERMISSION GRANTED TO STATE(S):

OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

RENTER DECLINES OPTIONAL COLLISION DAMAGE WAIVER (CDW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PAGE 2, PARAGRAPH 8.

RENTER ACCEPTS OPTIONAL COLLISION DAMAGE WAIVER (CDW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE NOTICE TO LEFT AND PAGE 3, PARAGRAPH 15. CDW IS NOT INSURANCE. RENTER: X Accepts CDW

RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI). SEE PAGE 2, PARAGRAPH 9.

RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 17. RENTER: X Accepts PAI

RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP). SEE PAGE 2, PARAGRAPH 17.

RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 16. RENTER: X Accepts SLP

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I, THE RENTER, UNDER THIS AGREEMENT, BY SIGNING BELOW, I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARDS AND/OR DEBIT CARDS, FOR ADVANCE DEPOSITS, ADDITIONAL AUTHORIZATION DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A FIRM TO WHICH I AM RELATED. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.

REPLACEMENT VEHICLE

RENTER: X 06/01/2010

OWNER REP: X

EMPL # EB55HR

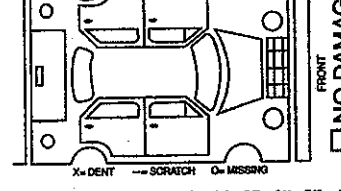
I WILL RETURN CAR

DATE	TIME	AMOUNT	PAID BY
06/05/2010		\$30.00	XXXXXXXXXX7880 06/01/2010

MODEL: ECAR#

MILE-AGE: IN OUT

CONDITION AND FUEL LEVEL AGREED TO RENTER



OUT: E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
IN: E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

ADDITIONAL INFORMATION

Britney [Signature]
Manager?
[Signature]

NO CHARGE MILEAGE

less than 50 plan prepays @ 6.00

(13.00)
(2.00)

FUEL CHARGE \$4.00/BALLON

SALES TAX 6.30%
KANSAS EXCISE TAX 3.50%

TOTAL CHARGES
DEPOSITS
REFUNDS
AMOUNT DUE

CLOSED BY
PAID BY: CASH CHECK CHA
RECEIPT OF CASH REFUND: DATE AMOUNT RECEIVE

Page of	Data Entered <input type="checkbox"/> Yes <input type="checkbox"/> No	Beat	Watch	WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT	Incident Number 10C056305
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Code	Classification	Code	Classification	Agency	Connecting Case
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Fatal
 Injury
 Private Property
 Hit & Run
 Property Damage Only OVER \$1000
 Property Damage Only UNDER \$1000

Date of Acc 06-01-10	Time of Acc 12:36PM	Location of Acc 501 N Broadway, Parking area	Speed Limit	Officer at Scene
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Last Name (Please Print)		First Name		M.I.	Date of Birth	Age
Home Street Address		Apt / Lot / Suite #		City	State	Zip Code
Race	Ethnic	Sex	Injured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number	Cell Phone Number	
DL State	DL Number	DL Class	DL Restrictions	Safety Equipment <input checked="" type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Eye Protection	<input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder Belt Only	
Work Name/School & Grade		Address		City	State	Zip Code

Year	Make	Model	Body Style	Color	Motorcycle CCs	Mark areas where your vehicle is Damaged <input type="checkbox"/> Windshield <input type="checkbox"/> Windows <input type="checkbox"/> Top <input type="checkbox"/> Under <input type="checkbox"/> Trailer present <input type="checkbox"/> Trailer Damaged Airbag Deployed <input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side <input type="checkbox"/> Side airbag(s)
Lic. Plate State	Lic. Plate number	Lic. Plate Expires (mm.yy)	Number of Miles on Vehicle			
Vehicle Identification Number (VIN)		Total number of Occupants				
Insurance Company		Insurance Policy Number				

Last Name (Same if Driver)		First Name		Home Phone Number
Home Street Address		Apt / Lot / Suite #		City
Date of Birth		Age	Race	Ethnic

Last Name		First Name		M.I.	Date of Birth	Age
Home Street Address		Apt / Lot / Suite #		City	State	ZIP Code
Race	Ethnic	Sex	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number	Cell Phone Number	
Where Seated in Vehicle	<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center	<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat

Last Name		First Name		M.I.	Date of Birth	Age
Home Street Address		Apt / Lot / Suite #		City	State	ZIP Code
Race	Ethnic	Sex	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number	Cell Phone Number	
Where Seated in Vehicle	<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center	<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat

Last Name		First Name		M.I.	Date of Birth	Age
Home Street Address		Apt / Lot / Suite #		City	State	ZIP Code
Race	Ethnic	Sex	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number	Cell Phone Number	
Where Seated in Vehicle	<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center	<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat

Last Name		First Name		M.I.	Date of Birth	Age
Home Street Address		Apt / Lot / Suite #		City	State	ZIP Code
Race	Ethnic	Sex	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number	Cell Phone Number	

Driver/Ped.

Vehicle Information

Owner

Passengers (Other than Driver)

Kia Rental Car accident --- 06/01/10

I phoned Stevens Motors, Kia div,
and talked with a sales person who sells KIA vehicles.
who was quite conserned and stated that
the car should never have started with gearshift in Drive position,
suggested I may need to consult an Attorney.
He gave me # for Kia Roadside Assistance ---- 1-800-333-4542
I called talked to Bonnie in Irvine CA, (customer service)
she listened to my account of what happened with concern
and stated it should not have happened. I gave her info, model, and tag
number etc.
she claimed they would track location of car and follow up on this.

The case was turned over to Tyrone Thomas, (877)454-2478 ext -
4626

Reference # K1769525

On follow up phone call, Mr. Thomas informed me the KIA Corp.
will not take responsibility.

Autocraft Inc.								
Admin Data								
Owner	CHRIS ENTERPRISE CAR RENTAL			Insured				
Address				Address				
Home Phone	111-111-1111			Home Phone				
Work Phone	[REDACTED]			Work Phone				
Insurance Company	ENTERPRISE			Adjuster				
Address				Adjuster				
Phone				Phone				
Fax				Email				
				Inspection Location				
				Address				
				Phone				
				Fax				
Repair Facility				Estimator Information				
Repair Facility Name	Autocraft Inc.			Estimator	LUCAS JENSEN			
Address	1427 E. 1ST STREET			Office				
	Wichita, KS 67214-			Address				
Phone	316-265-6828			Email				
Fax	316-265-0766			Phone				
Federal Tax ID	481124309			Fax				
State	BAR							
Estimate Information				Claim Information				
File ID	REG0079989100045801	Sup No.	E01	Claim #	DX5166U79	Policy Number		
Platform	A 6.37	Transmit Date	6/4/2010	Deductible	\$0.00	Deductible Paid	None	
Loss Assignment Date		Inspection Date	6/1/2010	Loss Type				
Vehicle Data								
Year	10	Make	KIA	Model	OPTIMA			
BodyStyle	SEDAN	Color		VIN	KNAGG4A81A5 [REDACTED]			
Engine	4CYL GASOLINE 2.4	Type	Car	Odometer				
Production Date		Primary Point Of Impact14						
License		Secondary Point Of Impact14						
License State								
Line Items								
Line	Operation	Description	Price	QTY	Labor	Paint	Lbr TTL	Other
1	Remove/Replace	BUMPER,FRONT	\$192.70	1				
2	Remove/Replace	COVER,FRONT BUMPER	\$275.45	1	1.2 B		\$48.00	
3	Refinish	COVER,FRONT BUMPER				3.7 R	\$148.00	
4	Remove/Replace	GRILLE,FRT BMPR CVR	\$72.35	1				
5	Remove/Replace	FILLER,FRONT BUMPER LT	\$11.40	1				
6	Remove/Replace	FILLER,FRONT BUMPER RT	\$11.40	1				



7	Remove/Replace	COVER,TOW HOOK ACCESS	\$7.95	1			
8	Refinish	COVER,TOW HOOK ACCESS				0.1 R	\$4.00
9	Remove/Replace	ABSORBER,FRONT ENERGY	\$76.35	1			
10	Remove/Replace	GRILLE ASSEMBLY	\$215.30	1			
11	Remove/Replace	EMBLEM,GRILLE					
12	Remove/Replace	HEADLAMP ASSY,HALOGEN LT	\$361.75	1			
13	Remove/Replace	HEADLAMP ASSY,HALOGEN RT	\$361.75	1			
14	Additional Labor	HEADLAMPS AIM				0.4 B	\$16.00
15	Remove/Replace	PANEL,HOOD	\$336.60	1		1.7 B	\$68.00
16	Refinish	PANEL,HOOD				5 R	\$200.00
17	Remove/Replace	HINGE,HOOD PANEL LT	\$15.85	1		0.2 B	\$8.00
18	Refinish	HINGE,HOOD PANEL LT				0.4 R	\$16.00
19	Remove/Replace	HINGE,HOOD PANEL RT	\$15.85	1		0.2 B	\$8.00
20	Refinish	HINGE,HOOD PANEL RT				0.4 R	\$16.00
21	Remove/Replace	PANEL ASSEMBLY,RAD SUP	\$434.40	1		9.6 B	\$384.00
22	Additional Labor	A/C EVACUATE & RECHARG					
23	Additional Labor	A/C EVAC RECHRG & RCVR				1.8 M	\$108.00
24	Repair	SIDE MEMBER,FRONT LT				2" B	\$80.00
25	Refinish	SIDE MEMBER,FRONT LT				0.5" R	\$20.00
26	Repair	SIDE MEMBER,FRONT RT				1" B	\$40.00
27	Refinish	SIDE MEMBER,FRONT RT				0.5" R	\$20.00
28	Repair	FENDER,FRONT RT				1.5" B	\$60.00
29	Refinish	FENDER,FRONT RT				2.3 R	\$92.00

Totals

Parts				
Part	Sub Total	Adj %	Adj \$	Total
New Parts	\$2,389.10	-15.00 %	(\$358.37)	\$2,030.74
Parts Total				\$2,030.74

Labor					
Type	Additional Labor	Rate	Hours	R*H	Sub Total
Body	\$0.00	\$40.00	17.8	\$712.00	\$712.00
Paint	\$0.00	\$40.00	12.9	\$516.00	\$516.00
Mechanical	\$0.00	\$60.00	1.8	\$108.00	\$108.00
Labor Total					\$1,336.00

Materials	
Paint Materials	\$322.50
Materials Total	\$322.50

Miscellaneous	
Miscellaneous Total	\$0.00

Adjustments	
Deductible	\$0.00
Sales Tax	\$0.00
Orig Total	\$3,689.23
Final Total	\$3,689.23



Wichita KS



Attn: **Randy Reid**

US Dept of Transportation
National Highway Traffic Safety Admin.
Office of Defect Investigation
(NVS-210)
1200 New Jersey Ave. SE
West Building
Washington, DC, 20590

