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: FEB 2 8 2011 (29-OCT-2010)

Repository ☐

Reference No.: 10362934

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: LIVINGSTON | State: TX | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

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	Make	Model	Model Year
KNDJA7232X5[redacted]	KIA	SPORTAGE	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
JUN 1999					
Original Owner ☑	Dealer's City: HAMMOND	State: IN	Zip Code	4	GAS

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
STAND STK	☐ Antilock Brakes ☐ Cruise Control			05-JUN-2009 - THRU 11-3-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

FUEL TANK AND FUEL PUMP HAD RUST PRBLMS THAT KIA WAS AWARE OF. APRNT SILENT RECALL

Failure Mileage: 105000

Failure 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: 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			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 1999 KIA SHORTAGE. THE CONTACT STATED AFTER DISPENSING FUEL INTO THE FULL TANK, HE WOULD SMELL A STRONG ODOR OF FUEL INSIDE AND OUTSIDE OF THE VEHICLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE THEY WERE UNABLE TO LOCATE THE PROBLEM. THERE WAS A MANUFACTURE VOLUNTARY RECALL PERTAINING TO THE FUEL SYSTEM. THE CONTACT NOTIFIED THE DEALER AND THEY INFORMED THAT SAFETY RECALL EXPIRED. IN ADDITION, THE FUEL TANK WAS NOT IN STOCK. THE PROBLEM PERSISTED AND BECAME PROGRESSIVELY WORSE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 105,000.

TAKEN TO CAVANAUGH KIA DEALER IN JONESBORO, ARK. THEY ADVSD UNSAFE TO DRIVE, WITH GAS TANK TOP PORTION SPONGY AND LOSEING GAS. WITH THIS, I WAS MORE/LESS FORCED TO BUY NEW CAR.

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