


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received: 29 2011</p>		<p>Repository <input type="checkbox"/></p>	
<p>Name: [REDACTED]</p>		<p>28-JUL-2011</p>		<p>Reference No. 10415487</p>	
<p>Address: [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>		<p>E-mail Address</p>	
<p>City: GREENVILLE State: SC Zip Code: [REDACTED]</p>		<p>Evening Telephone Number</p>			
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KNAFUSA21B5 [REDACTED]</p>		<p>Make KIA MOTOR</p>	<p>Model FORTE</p>	<p>Model Year 2011</p>	
<p>Date Purchased 3/8/11</p>	<p>Dealer's Name and Telephone Number BEST KIA 864-312-4049</p>		<p>Engine: No: Cylinders 4</p>	<p>Fuel Type:</p>	
<p>Original Owner <input checked="" type="checkbox"/></p>	<p>Dealer's City Easley</p>	<p>State S.C.</p>	<p>Zip Code 29642</p>		
<p>Transmission Type Auto</p>	<p><input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>	<p>Incident Date(s) 27-JUL-2011</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Codes: 020000 SUSPENSION, 025000 ELECTRONIC STABILITY CONTROL</p>			<p>Failure Mileage 4100</p>	<p>Failure Speed 40</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM9ABC036)</p>		<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>				<p>Tire Failure Type:</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Deaths</p>	<p>Reported to Police N</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2011 KIA FORTE. THE CONTACT STATED THAT WHILE DRIVING 40 MPH, THE ELECTRONIC STABILITY CONTROL LIGHT ILLUMINATED ON THE INSTRUMENT PANEL AS SHE HEARD A LOUD NOISE. THE VEHICLE BEGAN TO DECELERATE BECAUSE THE BRAKES ENGAGED WHEN THE ELECTRONIC STABILITY CONTROL ACTIVATED. THE VEHICLE WAS NOT TAKEN TO HAVE THE FAILURE DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE AND CURRENT MILEAGES WERE 4,100. THE VIN WAS UNAVAILABLE.</p> <p><i>I HAVE NOTIFIED KIA CORP. / I TOOK MY CAR IN 7/29/11 ESC did NOT code any errors & they worked on brakes. 8/4/11 TOOK BACK & they cked all the electrical system & ESC and all came up ok. (see attached)</i></p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>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.</p>					

Will take BACK TO dealer next
Time it ~~do~~ the ESC light comes
on AS LONG AS I AM IN THE AREA &
they are open. Will NOT turn CAR
OFF & hopefully that will help.

THANK you FOR your Help!



4140514

208100

BEST



EASLEY, SC

5031 Highway 153, Easley, SC 29642
Main (864) 312-6000
www.bestkia.com

INVOICE

GREENVILLE, SC
HOME: [REDACTED] BUS: [REDACTED]

PAGE 1

SERVICE ADVISOR: 163 JERRY WAYNE TINCHER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
SILVER	11	KIA FORTE	KNAFU5A21B5 [REDACTED]		4251/4251	T2409
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
08MAR11 IS			WAIT 29JUL11			CASH
R.O. OPENED	READY	OPTIONS: STK:20118 ENG:2.0_Liter_DOHC				

15:14 29JUL11	17:39 29JUL11	LIST	NET	TOTAL
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A CLIENT STATES THE ESC LAMP IS COMING ON AND FEELS LIKE THE FRONT BRAKES ARE GRABBING
 CAUSE: BRAKES GRABBING
 99 MISC. OPERATION
 87 W (N/C)
 FC: PART#: COUNT:
 CLAIM TYPE:
 AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

TURN AND SCUFF TEST DRIVE ALL GOOD AT THIS TIME

!!!THANK YOU!!! For Choosing BEST KIA
 We strive for an EXCELLENT SERVICE EXPERIENCE.
 If we did not provide that please contact our
 Service Manager, Al Frizalone at
 864.312.6000 for assistance. You may also
 contact your Customer Concierge, ANN RICE at
 (864) 312-6000. Again, THANK YOU!!!

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	DESCRIPTION	TOTALS
		LABOR AMOUNT	0.00
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE	PARTS AMOUNT	0.00
		GAS, OIL, LUBE	0.00
		SUBLET AMOUNT	0.00
		MISC. CHARGES	0.00
		TOTAL CHARGES	0.00
		LESS INSURANCE	0.00
		SALES TAX	0.00
		PLEASE PAY THIS AMOUNT	0.00

4140514

208211

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INVOICE

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HOME: [REDACTED] BUS: [REDACTED]

SERVICE ADVISOR: 163 JERRY WAYNE TINCHER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
SILVER	11	KIA FORTE	KNAFU5A21B5 [REDACTED]		4373/4373	T2457	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
08MAR11 IS			17:00 04AUG11			CASH	04AUG11
R.O. OPENED	READY	OPTIONS: STK:20118 ENG:2.0_Liter_DOHC					
08:04 04AUG11	15:07 04AUG11						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CLIENT STATES WHEN SLOWING DOWN THE ESC LAMP STARTS COMING ON AND AFTER TURNING LEFT THERE IS A GRABBING IN FRONT WHEELS
99 MISC. OPERATION

151 INT (N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

PERFORMED TESTS COULD NOT VERIFY CONCERN EITHER THRU ELECTRICAL TESTING NOR TEST DRIVES

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LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE