INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Form Approved: O.M.B. No. 2127-0008

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	Repository
FEB 14 2012 (04-JAN-2012)	☐
Reference No. 10442422	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City ENGLEWOOD **State** FL **Zip Code** [redacted]		

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
KNDJB623X1[redacted]	KIA	SPORTAGE	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12/11/2004	Douglas Jeep, Inc. 941-484-8300			No: Cylinders 4	Unleaded
Original Owner ☐	Dealer's City ~~Sarasota~~ Venice, FL	State FL	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
Automatic	☒ Antilock Brakes ☐ Cruise Control	Powertrain		01-MAR-2011 – first incident this incident - 26 Dec 2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS	Failure Mileage	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 2001 KIA SPORTAGE. THE CONTACT STATED THAT THE SPRINGS THAT HELD THE SEAT BELT IN PLACE FRACTURED ON TWO OCCASIONS. IN MARCH 2011, THE FRONT DRIVER¿S SEAT BELT SPRING FRACTURED AND WAS REPAIRED BY A PRIVATE MECHANIC. THE SAME FAILURE OCCURRED ON THE FRONT PASSENGER SEAT BELT APPROXIMATELY NINE MONTHS LATER. THE MANUFACTURER WAS AWARE OF THE FAILURE, BUT DID NOT OFFER ANY ASSISTANCE. THE FAILURE MILEAGE WAS UNKNOWN AND THE CURRENT MILEAGE WAS 70,000.

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

Reference No:10442422, Case No: 412874

[redacted], [redacted], Englewood, FL[redacted] Tel: [redacted]

In March 2011 the front driver's seat belt retractor collapsed/broke and was repaired by a private machanic. The same failure occurred with the front passenger's seat belt approximately 6 months later.

The collapse causes an extremely loud noise (noise is crash-like) which would be a serious distraction were the vehicle in motion at the time. Obviously, the problem also renders the seat belt useless. (Fortunately we were only a few miles away from home.) The passenger is unprotected.

Shortly after the incident, we spoke Kia Customer Service by telephone. The representative showed no interest in the problem nor in obtaining the broken part for analysis.

At this writing, repair has not been made and the broken part is still in place. When we do have it repaired we will attempt to save the retractor.

Very few miles were driven between the incident (26 December 2011) and the date of the report (04 January 2012.)

A copy of the repair invoice and estimate from the first incident is enclosed.

03/14/2011 at 10:30 AM Job Number: 31628

GULLOTTA'S AUTOBODY CARSTAR
License [redacted]:MV-69904 Federal ID #:205797221
SERVING CHARLOTTE CO. FOR 23 YEARS.
6506 San Casa Dr.
Englewood, FL 34224
(941)475-9944 Fax: (941)474-8706

PRELIMINARY ESTIMATE

Written By: Joseph Iusco
Adjuster:

Insured: [redacted]
Owner: [redacted]
Address: [redacted]
ENGLEWOOD, FL [redacted]
Day: [redacted]
Other: [redacted]

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact:

Inspect Location: GULLOTTA'S AUTOBODY CARSTAR
6506 San Casa Dr.
Englewood, FL 34224

Day: (941)475-9944

Insurance Company:

Days to Repair

2001 KIA SPORTAGE 4X2 4-2.0L-FI 2D UTV Int:
VIN: KNDJB623X15[redacted] **Lic:** **Prod Date:** **Odometer:**

Tilt Wheel	Intermittent Wipers	Alarm
Dual Mirrors	Console/Storage	Clear Coat Paint
Power Steering	Power Brakes	Power Windows
Power Locks	Power Mirrors	Driver Air Bag
Passenger Air Bag	Positraction	Cloth Seats
Bucket Seats	Recline/Lounge Seats	Automatic Transmission
Overdrive	Styled Steel Wheels	

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		RESTRAINT SYSTEMS				
2	Repl LT	Belt & retractor 2 door	1	95.48	0.4	
3		QUARTER PANEL				
4	R&I LT	Lower qtr trim rear			0.3	
5		SEATS & TRACKS				
6	R&I	Seat assy			1.0	
		Subtotals ==>		95.48	1.7	0.0

03/14/2011 at 10:30 AM Job Number:
31628

PRELIMINARY ESTIMATE

2001 KIA SPORTAGE 4X2 4-2.0L-FI 2D UTV Int:

Parts		95.48
Body Labor	1.7 hrs @ $ 44.00/hr	74.80
SUBTOTAL		$ 170.28
Sales Tax	Tier 1 $ 170.28 @ 7.0000%	11.92
GRAND TOTAL		$ 182.20
ADJUSTMENTS:		
Deductible		0.00
CUSTOMER PAY		$ 0.00
INSURANCE PAY		$ 182.20

This estimate is based on flat rate per hour.

This estimate will stay valid for 90 days. Any parts listed on estimate will be subject to invoice. Facility will not be responsible for any damage caused by fire, theft or acts of nature.

Customer will be paying by: Insurance check_____Personal check_____
Credit
Card_____Cash_____
Name of any additional persons who may authorize work to be completed_____

This facility warranties all collision repair for lifetime (as long as the current owner has the veh) However Rust repairs carry no warranty.

If owner wants replaced parts to be saved for inspection please check here.____

Once the customer has been notified that the repair has been completed the owner has 3 days to pick the vehicle up or the vehicle will be subject to storage charges of $15.00 per day.

Due to the possibility of additional damages being found once repair has been started we can only estimate the repair completion date. At this time we estimate that this repair will be completed on_____.

PLEASE READ, CAREFULLY CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.00.

_____I REQUEST A WRITTEN ESTIMATE

___I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE

Gullotta's Autobody CARSTAR
6506 San Casa Dr.
Englewood, FL. 34224
P(941) 475 9944 F(941) 474 8706

RO #:3165
Unit #:

Customer Receipt

Estimator: Iusco

Customer Information

Name: [redacted]
Address: [redacted]
ENGLEWOOD FL [redacted]
Phone: [redacted]

Vehicle Information

Vehicle: 2001 GREY KIA SPORTAGE 4X2
Style: 2D UTV
License: UNK
VIN: KNDJB623X15[redacted]
Mileage: UNK

Insurance Information

Ins Co: Customer Pay
Contact: 0
Phone:
#: N/A
Deduct: $0.00

Date	Reference	Received From	Received By	Amount
03/17/2011	VISA	LOOMIS BOB	Claudia Iusco	$182.20

Date:_____

Signature:_____

RO Total:	$182.20
Paid:	$182.20
BALANCE DUE:	$0.00