

 <p>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</p>			FOR AGENCY USE ONLY 100148		
U.S. Department of Transportation National Highway Traffic Safety Administration			Date Received JUL 26 2012 19-JUN-2012	Repository <input type="checkbox"/> Reference No. 10462270	
OWNER INFORMATION (Type or Print)					
Name [REDACTED]			Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]	
Address [REDACTED]			Evening Telephone Number [REDACTED]		
City BAYTOWN		State TX	Zip Code [REDACTED]		
<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>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KNAFU4A23B5 [REDACTED]		Make KIA	Model FORTE	Model Year 2011	
Date Purchased	Dealer's Name and Telephone Number Family Kia 866-633-7092		Engine: No: Cylinders 4	Fuel Type: gasoline	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 08-JUN-2012	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 140000 AIR BAGS			Failure Mileage Approx 12,000	Failure Speed 45	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make NOT KNOWN	Tire Model (Name or Number) NOT KNOWN		Tire Size (Example P215/65R15) NOT KNOWN		
DOT No. (Example: DOTM19ABC036) N/A	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: N/A			
Tire Component Code N/A			Tire Failure Type:		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make: N/A	Date Manufactured: N/A		Model No./Name: N/A		
Seat Type: N/A	Installation System: N/A				
Child Seat Component Code: N/A	Failed Part: N/A				
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police <input checked="" type="checkbox"/> YES	
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 2011 KIA FORTE. THE CONTACT STATED THAT WHILE DRIVING 45 MPH, SHE TURNED INTO THE OPPOSITE LANE AND CRASHED INTO ANOTHER VEHICLE HEAD FIRST. THE AIR BAGS DID NOT DEPLOY. A PASSENGER WAS INJURED. THE VEHICLE WAS TOWED TO A LOCAL SALVAGE YARD. THE MANUFACTURER WAS NOT CONTACTED AND THE VEHICLE WAS NOT INSPECTED FOR THE CAUSE OF THE FAILURE. THE FAILURE MILEAGE WAS NOT AVAILABLE.					
<p style="text-align: center;"> <i>impact was drivers side to drivers side of both vehicles.</i> </p>					
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.					

being investigated