

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

FOR AGENCY USE ONLY 100148



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**

Date Received	Repository <input type="checkbox"/>
20-MAY-2013 <b>JUL 15 2013</b>	Reference No. 10512771

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

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: PORTLAND State: OR 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 KNAFW5A35C5 [Redacted]	Make KIA	Model FORTE SX	Model Year 2012
Date Purchased AUG 6, 2012	Dealer's Name and Telephone Number RON TONKIN KIA 503-258-5808		Engine: No. Cylinders 4
Original Owner <input checked="" type="checkbox"/>	Dealer's City GLADSTONE	State OR	Fuel Type: GAS
Transmission Type 6 SPEED AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 2	Incident Date(s) -25-AUG-2012

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: BRAKES (PWS)	Failure Mileage 900 LESS THAN 200	Failure Speed
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**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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 2012 KIA FORTE. THE CONTACT ATTEMPTED TO START THE IGNITION AND WHEN THE BRAKE PEDAL WAS ENGAGED, IT WOULD NOT RELEASE TO THE FLOORBOARD UNTIL REPEATED FORCE WAS APPLIED. THE FAILURE OCCURRED SEVERAL TIMES. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER NUMEROUS TIMES AND THEY WERE UNABLE TO DUPLICATE THE FAILURE. THE MANUFACTURER WAS NOTIFIED OF THE DEFECT. THE APPROXIMATE FAILURE MILEAGE WAS 900. LESS THAN 200. EIGHT

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.