

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 06-AUG-2013 SEP 23 2013		Repository <input type="checkbox"/> Reference No. 10533845
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
MCCASKILL	AR		Call	
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
KNAGG4A8XA5		KIA	OPTIMA	2010
Date Purchased	Dealer's Name and Telephone Number		Engine: 4	Fuel Type:
11-20-2010	Charles KIA 903-793-4623		No: Cylinders	Gas
Original Owner	Dealer's City	State	Zip Code	
<input checked="" type="checkbox"/>	Texarkana	TX	75503	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
	<input type="checkbox"/> Cruise Control			01-OCT-2012
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 140000 AIR BAGS			Failure Mileage	Failure Speed
			72000	
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	Failure Location:		
	<input type="checkbox"/> Prior Repair			
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
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 2010 KIA OPTIMA. THE CONTACT STATED THAT WHILE DRIVING AT VARIOUS SPEEDS, THE AIR BAG WARNING LIGHT ILLUMINATED ON SEVERAL OCCASIONS. THE VEHICLE WAS TAKEN TO THE DEALER FOR DIAGNOSIS WHERE IT WAS STATED THAT THE PASSENGER'S SEAT SENSOR NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 72,000.				
Repaired at 72,745. It is my 3 rd time to be repaired. I believe that this car has a safety problem. If kid doesn't have other like model and make with same problem then my car is a lemon.				
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.				

9/12/2013





4411 N. Stateline Ave. - Texarkana, TX 75503

Phone 903.793.4623

GREGGORRAUTO.com

CELL: [REDACTED]

CUSTOMER NO. 12961	ADVISOR ALEX	TAG NO. 591	INVOICE DATE 08/07/13	INVOICE NO. K1CS25799
[REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE 72,745	COLOR MIDNITE BLU
MCCASKILL, AR	YEAR / MAKE / MODEL 10/KIA/OPTIMA/4DR SDN I4 LX AT			DELIVERY DATE 11/20/10
N/A	VEHICLE I.D. NO. KNAGG4A8XA5			DELIVERY MILES 18
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	SELLING DEALER NO.	PRODUCTION DATE
[REDACTED]	[REDACTED]	[REDACTED]	R.O. DATE 07/31/13	
				MO: 72745

JOB# 1 CHARGES

LABOR	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
09K1223 AIRBAG/SEATBELTS					
CUSTOMER STATES AIRBAG LIGHT IS ON. STATES ITS THE 3RD TIME OPEN TECH CASE T2357056 DIRECTED TO REPLACE SEAT BOTTOM PWA PG6956731-17 REPLACED SEAT BOTTOM					
	1	88204-2GHD1AG8	CUSHION ASSY-FR		0.00
TOTAL - PARTS					0.00

JOB# 1 TOTALS

JOB# 1 JOURNAL PREFIX K1CS JOB# 1 TOTAL 0.00

JOB# 2 CHARGES

LABOR	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
01K17278NT 27 POINT INSPECTION					
27 POINT VEHICLE INSPECTION					

JOB# 2 TOTALS

JOB# 2 JOURNAL PREFIX K1CS JOB# 2 TOTAL 0.00

TOTALS

THANK YOU FOR YOUR BUSINESS: FROM OUR SERVICE DEPT STAFF	TOTAL LABOR....	0.00
	TOTAL PARTS....	0.00
	TOTAL SUBLET....	0.00
	TOTAL G.O.G....	0.00
	TOTAL MISC CHG....	0.00
	TOTAL MISC DISC....	0.00
	TOTAL TAX.....	0.00
	TOTAL INVOICE \$	0.00

CUSTOMER SIGNATURE

EXCLUSION OF WARRANTIES
Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

AUTHORIZATION FOR REPAIRS
I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. The dealership is not responsible for damages from freezing due to lack of antifreeze.

X CUSTOMER SIGNATURE
NOTICE PURSUANT TO PROPERTY CODE §70.001
I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR AGREEMENT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS & COMMERCE CODE §9.609, IF PAYMENT FOR THE REPAIR OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER, OR A CREDIT CARD TRANSACTION IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE MAKER OR DRAWER OF THE ORDER OR THE CREDIT CARD HOLDER HAS NO ACCOUNT OR THE ACCOUNT UPON WHICH IT IS DRAWN OR THE CREDIT CARD ACCOUNT HAS BEEN CLOSED.



CLASSIC KIA

4411 N. Stateline Ave. - Texarkana, TX 75503

Phone 903.793.4623

GREGGORAUTO.com

CELL: [REDACTED]

CUSTOMER NO. 12961	ADVISOR CHRIS	TAG NO. 691	INVOICE DATE 09/09/11	INVOICE NO. KICS18327
[REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE 20,489	COLOR MIDNITE BLU
MCCASKILL, AR	YEAR / MAKE / MODEL 10/KIA/OPTIMA/4DR SDN I4 LX AT	VEHICLE I.D. NO. K N A G G 4 A 8 X A 5	DELIVERY DATE 11/20/10	STOCK NO. KA31856
N/A	F.T.E. NO.	P.O. NO.	SELLING DEALER NO.	DELIVERY MILES 18
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	R.O. DATE 09/09/11	PRODUCTION DATE

MO: 20489

JOB# 1 CHARGES

LABOR

#1: 03K1Z23 AIRBAG/SEATBELTS TECH(S):632 WARRANTY

CUSTOMER STATES AIR BAG LIGHT IS ON
B1448 OCS OCCUPANT CLASSIFICATION SYSTEM
MAT DEFECT
REPLACED RFRT P/S SEAT BOTTOM CUSHION
CLEARED CODE ALL OK AT THIS TIME

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
	1	88204-2GHD1AG8	CUSHION ASSY-FR		0.00
TOTAL - PARTS					0.00

EXCLUSION OF WARRANTIES
Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

JOB# 1 TOTALS

JOB# 1 JOURNAL PREFIX KICS JOB# 1 TOTAL 0.00

AUTHORIZATION FOR REPAIRS
I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. The dealership is not responsible for damages from freezing due to lack of antifreeze.

THANK YOU FOR YOUR BUSINESS: FROM OUR SERVICE DEPT STAFF

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX	0.00
TOTAL INVOICE \$	0.00

X CUSTOMER SIGNATURE

NOTICE PURSUANT TO PROPERTY CODE §70.001 I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR AGREEMENT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS & COMMERCE CODE §9.609, IF PAYMENT FOR THE REPAIR OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER, OR A CREDIT CARD TRANSACTION IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE MAKER OR DRAWER OF THE ORDER OR THE CREDIT CARD HOLDER HAS NO ACCOUNT OR THE ACCOUNT UPON WHICH IT IS DRAWN OR THE CREDIT CARD ACCOUNT HAS BEEN CLOSED.

CUSTOMER SIGNATURE *****
DUPLICATE INVOICE *****



CLASSIC KIA

4411 N. Stateline Ave. - Texarkana, TX 75503

Phone 903.793.4623

GREGGORAUTO.com

Collect K 203 7931

*49007
A Ph...
K 2538 728
L... 938 728*

CUSTOMER NO. 12961	ADVISOR JOHN COCHRAN	TAG NO. 730	INVOICE DATE 09/26/12	INVOICE NO. KICS22207
	LABOR RATE	LICENSE NO.	MILEAGE 48,945	COLOR MIDNITE BLU
MCCASKILL, AR	YEAR / MAKE / MODEL 10 / KIA / OPTIMA / 4DR SDN I4 LX AT	DELIVERY DATE 11/20/10	DELIVERY MILES 18	STOCK NO. KA31856
N/A	VEHICLE I.D. NO. K N A G G 4 A 8 X A 5	SELLING DEALER NO.	PRODUCTION DATE	
RESIDENCE PHONE	F.T.E. NO.	P.O. NO.	R.O. DATE 09/20/12	
BUSINESS PHONE	COMMENTS			

CELL: [REDACTED]

MO: 48953

THANK YOU FOR YOUR BUSINESS: FROM OUR SERVICE DEPT STAFF

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET....	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE \$	0.00

EXCLUSION OF WARRANTIES
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AUTHORIZATION FOR REPAIRS
I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. The dealership is not responsible for damages from freezing due to lack of antifreeze.

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CUSTOMER SIGNATURE

CUSTOMER PAY
88204-26 HDIA 68
CUSHION assembly P/S lower - 1 - 129045
LABOR/SCAN/CLEAR .8 - 8400
TAX - 106.46
1480.91