

CL-10555303-6677

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

December 23, 2013

NHTSA Office of Defects
1200 New Jersey Ave., SE
West Building
Washington, DC 20590

JAN -2 2014

RE: Case #10555303

Dear Sirs:

Attached please find pictures and a police report for an accident that occurred on December 6, 2013. I firmly believe this accident was caused by a sudden acceleration of my 2008 Kia Rondo. I look forward to your office investigating this situation and other situations involving this sudden acceleration problem with Kia products. If you have any questions, please do not hesitate to contact me at the address listed below, by phone [REDACTED]

Thank you for your help.

[REDACTED]
Charlotte, NC [REDACTED]

Enclosures

Do not write in these spaces

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No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable

Crash Date 12/06/2013 County Gaston County Time 11:25 Local Use/Patrol Area 2013-00094653

Date Received by DMV

33 Relation to Roadway Surface Crash occurred In Near Gastonia Municipality 0 0 0 Miles outside municipality. 3735 E FRANKLIN BLVD Highway Number, or Highway, Street (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing #) 0 0 0 Miles 185 ft Intersection Latitude 35.257302214654 Longitude 191 Altitude

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver [Redacted] Address [Redacted]

Driver _____ Address _____

City CHARLOTTE State NC Zip [Redacted]

City _____ State _____ Zip _____

Same Address on Driver's License? Yes No Driver's Phone Numbers H() W()

Same Address on Driver's License? Yes No Driver's Phone Numbers H() W()

D.L. # [Redacted] State NC

D.L. # _____ State _____

DOB [Redacted] 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 1

DOB _____ 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI)

37 Alcohol/Drugs Suspected _____ 38 Alcohol/Drugs Test _____ 39 Results (if known) _____ 40 Vehicle Seizure (DWI)

Owner [Redacted] Same as Driver?

Owner _____ Same as Driver?

Address [Redacted] Same Address as Driver?

Address _____ Same Address as Driver?

City CHARLOTTE State NC Zip [Redacted]

City _____ State _____ Zip _____

Plate # [Redacted] State NC Plate Year _____

Plate # _____ State _____ Plate Year _____

VIN KNAFG526187 [Redacted]

VIN _____

Vehicle Make Kia Vehicle Year 2008 41 Vehicle Style (Type) 4 42 Vehicle Drivable Yes No

Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) _____ 42 Vehicle Drivable Yes No

43 TAD FD 3 44 Estimated Damage 3000

43 TAD _____ 44 Estimated Damage _____

Insurance Company STATE FARM MUTUAL AUTOMOBILE INS CO

Insurance Company _____

Policy [Redacted]

Policy _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner

Carrier Identification Numbers, GVWR, Axles US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____


Truck Shipping Papers Driver

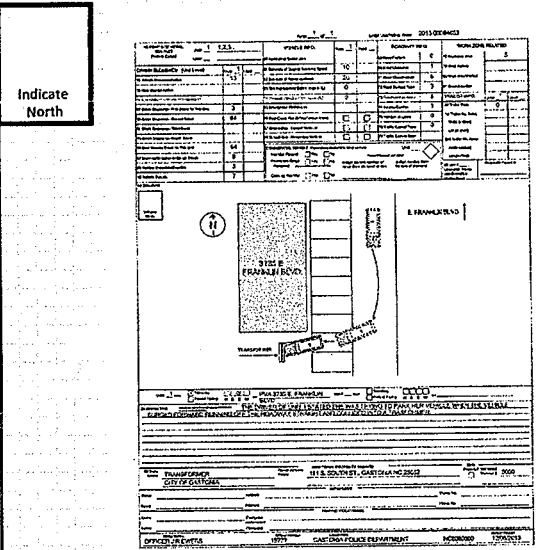
State _____ State _____ IFTA# _____ FEI# _____ Fleet# _____ Gross Vehicle Weight Rating _____

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, Etc. - See Above). Use check blocks if address same as Driver
A	1	1	1	Unit1-Drv1, Ped1, etc. See Above	W	F	2	1	3	2	1	5	See Above VEH# 1 Towed To/By: Other / Other
B				Unit2-Drv2, Ped2, etc. See Above									See Above VEH# _____ Towed To/By:
C	1	2	3	[Redacted]	W	F	2	1	3	2	1	5	[Redacted] CHARLOTTE NC [Redacted]
D													
E													
F													
G													
H													

46 Name of EMS _____
47 Injured Taken by EMS to _____ Treatment Facility and City or Town

46 Name of EMS _____
47 Injured Taken by EMS to _____ Treatment Facility and City or Town

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>1, 2, 3</u>		VEHICLE INFO.		Veh.# <u>1</u>	Veh.#	ROADWAY INFO.		WORK ZONE RELATED	
60 Authorized Speed Limit		61 Estimate of Original Traveling Speed		<u>10</u>		69 Road Feature	<u>0</u>	78 Workzone Area	<u>5</u>
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u>	Unit#	62 Estimate of Speed at Impact	<u>20</u>	70 Road Character	<u>1</u>	79 Work Activity	
49 Vehicle Maneuver/Action		<u>13</u>		63 Tire Impressions Before Impact (ft)	<u>0</u>	71 Road Classification	<u>6</u>	80 Work Area Marked	
50 Non-Motorist Action				64 Distance Traveled After Impact (ft)	<u>0</u>	72 Road Surface Type	<u>3</u>	81 Crash Location	
51 Non-Motorist Location prior to impact				65 Emergency Vehicle Use		73 Road Configuration	<u>5</u>	TRAILER INFO. Unit# Unit#	
52 Crash Sequence-First Event for This Unit		<u>3</u>		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	74 Access Control	<u>1</u>	82 Trailer Type	
53 Crash Sequence - Second Event *		<u>64</u>		67 School Bus - Contact Vehicle *	<input type="checkbox"/>	75 Number of Lanes		1st Trailer No. Axles	
54 Crash Sequence - Third Event *				68 School Bus - Noncontact Vehicle *	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>	Width (Inches)	
55 Crash Sequence - Fourth Event *				COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard Indicate:  Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No (does not include from fuel tank) 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			Length (Feet)		
56 Most Harmful Event		<u>64</u>					82 Trailer No. Axles		
57 Distance/Direction to Object Struck		<u>8</u>		82 Trailer Type		Width (Inches)		Length (Feet)	
58 Vehicle Underride/Override		<u>3</u>		82 Trailer No. Axles		Width (Inches)		Length (Feet)	
59 Vehicle Defects		<u>7</u>		82 Trailer No. Axles		Width (Inches)		Length (Feet)	
84 DIAGRAM		83 Unit# Overwidth Trailer and Overwidth Mobile Home Overwidth Permit #							



Unit# 1 was: Traveling Parked Facing on PVA Unit# was: Traveling Parked Facing on

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form) **THE DRIVER OF UNIT 1 STATED SHE WAS TRYING TO PARK HER VEHICLE WHEN THE VEHICLE SURGED FORWARD RUNNING OFF THE ROADWAY STRAIGHT AND COLLIDED INTO A TRANSFORMER.**

*ADDITIONAL PROPERTY DAMAGE: TRANSFORMER, CITY OF GASTONIA, 181 S SOUTH ST, GASTONIA NC 28052, \$5000.00.

**VEH#1 TOWED TO/BY A B C TOWING/A B C TOWING

86 Type/Owner _____ Owner Address _____ Phone _____ State _____ Property _____ Estimated Damage _____

WITNESSES
Name _____ Address _____ Phone No. (____) _____
Name _____ Address _____ Phone No. (____) _____

TRAFFIC VIOLATION(S)
Name _____ Charge(s) _____
(Citation # optional)
Name _____ Charge(s) _____

15777 - EWERS Officer Name 15777 Officer Number Department Gastonia Police Dept. Date of Report 12/06/2013

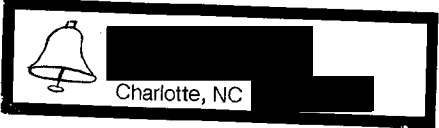












CHARLOTTE NC 282

23 DEC 2013 PM 6 L



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1200 New Jersey Ave, S.E.
West Building
Washington, DC

20596

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