AUG 19 2014

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: 30-JUN-2014	Repository ☐
	Reference No.: 10606903

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address: NOEMAIL@UNK.GOV
Address: [redacted]		Evening Telephone Number:	
City: MILLINOSKET	State: ME	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
KNDMH4C73E6[redacted]	KIA	SEDONA	2014

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
	VAN Sickle KIA - 1-800-244-4559				
Original Owner ☐	Dealer's City: Bangor Me	State: Me	Zip Code: 04401	6	Gas

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☑ Antilock Brakes ☑ Cruise Control			27-JUN-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	~~3500~~ 53500	5 MPH

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	0	0	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 2014 KIA SEDONA. THE CONTACT STATED THAT WHILE COMING TO A COMPLETE STOP, THE VEHICLE SURGED WHEN THE BRAKE PEDAL WAS DEPRESSED AND CRASHED INTO THE REAR OF ANOTHER VEHICLE. A RAPID INCREASE IN THE RPMS ALSO OCCURRED DURING THE MALFUNCTION. THERE WERE NO INJURIES REPORTED. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHERE THE FUEL INJECTOR WAS CLEANED HOWEVER, THE FAILURE RECURRED. THE VEHICLE HAD NOT BEEN REPAIRED FOR THE MOST RECENT FAILURE. THE MANUFACTURER WAS NOT NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 3,500.

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