

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department of Transportation

National Highway Traffic Safety Administration

**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"/>
02-JAN-2015	Reference No. 10669763

**OWNER INFORMATION (Type or Print)**

Name			Daytime Telephone Number		E-mail Address	
Address			Evening Telephone Number		[Redacted]	
City	State	Zip Code				
STERLING HEIGHTS	MI	[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 KNAFG526077 [Redacted]		Make KIA	Model <del>RIO</del> RONDO	Model Year 2007
Date Purchased 12/21/2007	Dealer's Name and Telephone Number DICK SCOTT KIA 734-397-9900		Engine: No: Cylinders 6	Fuel Type: UNLEADED GAS
Original Owner <input checked="" type="checkbox"/>	Dealer's City CAWTON	State MI	Zip Code 48188	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 6CYL/5SPD TRANSMISSION	Multiple Failure:	Incident Date(s) 01-MAY-2014

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

Vehicle Component Code: ENGINE (PWS)	Failure Mileage 110000	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: DOTM9ABC036)	<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 2007 KIA RIO. THE CONTACT STATED THAT THE OIL PAN CORRODED AND FRACTURED CAUSING OIL TO LEAK. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED THAT THE METAL OIL PAN NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 110,000.

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.

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

EVIDENTLY A COMMON PROBLEM, NISSAN & OTHERS HAVE THIS PROBLEM AS WELL. NOT AN EXCUSE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

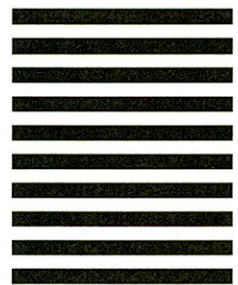
**National Highway Traffic Safety Administration**

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**Think your vehicle  
has a safety defect?**



**If so:**

**Use the enclosed  
form to file a report.**

**or visit:**

**www.safercar.gov**

**or call:**

**Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



CUSTOMER #: [REDACTED]



\*INVOICE\*

DUPLICATE 1 30800 Gratiot Ave. · Roseville, Michigan 48066  
PAGE 1 Phone: (586) 296-1300 · Fax: (586) 285-3189  
www.jeffreyauto.com

STERLING HTS, MI [REDACTED]

HOME: [REDACTED] CONT: [REDACTED]  
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 1351 MARK CALDERON-ODOM

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	07	KIA RONDO	KNAFG526077 [REDACTED]		150589/150589	T7545	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN07 DD			18:00	12FEB15		CASH	13FEB15
R.O. OPENED	READY	OPTIONS: ENG:2.7_LITER TRN:A					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL	
A								
CONVENTIONAL OIL SERVICE ES*								
ELOFR CONVENTIONAL OIL SERVICE ES*								
				1124	CK	11.00	11.00	
						-3.00	-3.00	
				5	KIOIL2 5W20 OIL	3.36	2.60	
				1	21513-23001 GASKET-OIL PLUG	0.98	0.98	
				1	26300-35503 20-201-0001 FILTER ASSY-ENGINE	6.60	4.97	
PARTS:				18.95	LABOR:	11.00	OTHER:	-3.00
						TOTAL LINE A:	26.95	
150589 REPLACE: GENUINE OEM ENGINE OIL FILTER...REPLACE: VEHICLE SPECIFIED ENGINE OIL...INSPECT/ADJUST: ALL FLUID LEVELS, TIRES AND PRESSURES...RESET: MAINTENANCE MINDER.								

B PLEASE REPLACE LOWER STEEL OIL PAN DUE TO RUST								
EN01 DIAGNOSIS ENGINE MECHANICAL **								
				1124	CK	100.00	100.00	
				1	21510-3E000 PAN ASSY-ENGINE OIL	64.78	64.78	
				1	UM010-CH046 43-495-0003 GRAY RTV GASKET	8.10	8.10	
PARTS:				72.88	LABOR:	100.00	OTHER:	0.00
						TOTAL LINE B:	172.88	
150589 REPLACED LOWER STEEL PAN CLEANED BOTH SURFACES APPLIED NEW SEALER ALLOW 12HRS FOR PAN TO SET FILLED WITH NEW OIL CHECKS OKAY								

C PERFORM NISSAN MULTI-POINT INSPECTION *								
MPIN PERFORM NISSAN MULTI-POINT INSPECTION *								
				1124	CK	0.00	0.00	
PARTS:				0.00	LABOR:	0.00	OTHER:	0.00
						TOTAL LINE C:	0.00	
150589 VISUAL INSPECTED FOUND FRONT PADS AT 10% RECOMMEND FURTHER INSPECTION								
NOTE CHECK ENGINE LIGHT IS ON								

EST: 235.00 12FEB15 12:42 SA: 1351

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER		8.88
All repairs and parts listed were furnished in compliance with the Michigan Motor Vehicle Service and Repair Act.		
REPAIRS PROPERLY COMPLETED AND CHECKED BY:		
X _____ AUTHORIZED REPRESENTATIVE		
ALL PARTS NEW ORIGINAL EQUIPMENT UNLESS OTHERWISE SPECIFIED		
SERVICE HOURS: MONDAY & THURSDAY: 7:00 AM - 7:00 PM TUES, WED, FRI: 7:00 AM - 6:00 PM SAT: 8:00 AM - 3:00 PM		
STATE REG. # F-147250 STATE REG. # F-125984 · STATE REG. # F-155043		
DISCLAIMER OF WARRANTIES Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law. All repairs and parts listed were furnished in compliance with the Michigan State Repair Act PA300.		
CUSTOMER SIGNATURE		
DESCRIPTION	TOTALS	
LABOR AMOUNT	111.00	
PARTS AMOUNT	91.83	
GAS, OIL, LUBE	0.00	
SUBLET AMOUNT	0.00	
MISC. CHARGES	5.88	
TOTAL CHARGES	208.71	
LESS INSURANCE	0.00	
SALES TAX	6.04	
PLEASE PAY THIS AMOUNT	214.75	