

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"/>
10-MAR-2015	Reference No. 10693352

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]

Address: [REDACTED]

City: WESTLAND State: MI Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] CELL

E-mail Address: [REDACTED]

Evening Telephone Number: [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
5XYKT3A60DG [REDACTED]	KIA	SORENTO	2013
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
2-1-2013	Kia of Canton	No: Cylinders	
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
	Canton	MI	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input checked="" type="checkbox"/> Cruise Control		Incident Date(s) 26-FEB-2015

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

Vehicle Component Codes: 150000 SEAT BELTS, 140000 AIR BAGS	Failure Mileage	Failure Speed
	48000	

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		6	0	Y

**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 2013 KIA SORENTO. WHILE TURNING INTO A PARKING LOT DURING INCLEMENT WEATHER CONDITIONS, THE CONTACT LOST CONTROL OF THE VEHICLE AND CRASHED INTO A METAL POLE. THE CONTACT STATED THAT THE DRIVER SIDE SEAT BELT FAILED TO RETRACT. THE CONTACT SUSTAINED A CRACKED STERNUM, NECK AND BACK PAINS THAT REQUIRED MEDICAL ATTENTION. THE PASSENGER SUSTAINED A BACK INJURY THAT REQUIRED MEDICAL ATTENTION. THE CONTACT ALSO STATED THAT FOUR ADDITIONAL PASSENGERS SUSTAINED MINOR ABRASIONS THAT DID NOT REQUIRE MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN IMPOUND LOT. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE VIN WAS UNAVAILABLE. THE APPROXIMATE FAILURE MILEAGE WAS 48,000.

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)

I was told by Samuel Kim (Kia Engineer) that when my seat belt didn't retract, that it just happened. He also said airbag didn't deploy because it didn't hit at the sensor. I'm not satisfied, things didn't work for a reason. I'm still recovering and my back is bothering me. If my airbag had deployed I wouldn't have broke my sternum

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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](http://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

Authority: 1949 PA 300, Sec. 257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev. 11/2006)

External # [REDACTED] Crash ID [REDACTED]

Page 1 of 1  
Incident # [REDACTED]

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition  
**CLOSED**

Department Name  
**WESTLAND POLICE DEPARTMENT**

Reviewer  
**SWOPE (02028)**

Crash Date <b>02/26/2015</b>	Crash Time <b>11:25</b>	No. of Units <b>1</b>	Crash Type <b>1-SINGLE MOTOR VEHIC</b>	Special Circumstances <input type="checkbox"/> School Bus <input type="checkbox"/> None <input type="checkbox"/> Hit and Run	Deer <input type="checkbox"/> Fleeing Police	Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile
County <b>82 - WAYNE</b>	Traffic Control <b>STOP SIGN</b>	Relation to Roadway <b>ON ROAD</b>	Special Study	Weather <b>CLOUDY</b>	Area <b>08-NON-FRWY INTERSECTION DRIVEWA</b>	
City/Twsp <b>92 - WESTLAND</b>	Construction Zone (if applicable) Type	Lane Closed	Activity	Light <b>DAYLIGHT</b>	Road Condition <b>SNOWY</b>	Total Lanes <b>5</b>
					Speed Limit <b>40</b>	Posted <b>YES</b>

Prefix	Road Name <b>WOODBIDGE</b>	Road Type <b>RD</b>	Suffix	Divided Roadway
Distance <b>15 FT S</b>	Traffic Way <b>1-NOT PHYSICALLY DIVIDED</b>		Access Control <b>1-NO ACCESS CONTROL</b>	
Prefix	Intersecting Road <b>NEWBURGH</b>	Road Type	Suffix	Divided Roadway

Unit Number <b>1</b>	Unit Known <b>Y</b>	State <b>MI</b>	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Cycle <input type="checkbox"/> Chauffeur <input type="checkbox"/> Farm <input type="checkbox"/> Moped <input type="checkbox"/> Recreation	Endorsements	Sex <b>F</b>	Total Occupants <b>5</b>	Hazardous Action <b>01-SPEED TOO FAST</b>
Unit Type <b>M</b>	Driver Information <b>WESTLAND MI</b>			Injury <b>O</b>	Position <b>01</b>	Restraint <b>4</b>	Hospital <b>NONE</b>		
Driver Condition <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99				Interlock <b>NO</b>	Ejected <b>NO</b>	Trapped <b>NO</b>	Airbag Deployed <b>NO</b>	Ambulance <b>NONE</b>	
Alcohol Test Type: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Refused <input type="checkbox"/> Not offered <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Test Results		Drugs Test Type: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Citation Issued Citation#: <input type="checkbox"/> Hazardous <input type="checkbox"/> Other	
Vehicle Registration [REDACTED]	State <b>MI</b>	Insurance / Policy # <b>ALL STATE</b>	Towed To/By <b>***WESTLAND CAR CARE TOWING 734-7: 0</b>			Special Vehicles	Private Trailer Type	Vehicle Defect	
VIN <b>5XYKT3A60DG</b>	Vehicle Description	Make <b>KIA</b>	Model <b>SORENTO</b>	Color <b>SILVER</b>	Year <b>2013</b>	Vehicle Type <b>01-PASSENGER CAR</b>			
Location of Greatest Damage <b>1</b>	First Impact <b>1</b>	Extent of Damage <b>2</b>	Driveable <b>NO</b>	Vehicle Direction <b>E</b>	Vehicle Use <b>01-PRIVATE</b>	Action Prior <b>03-TURNING RIGHT</b>			
Sequence of Events First: <b>* 01-LOSS OF CONTROL</b>			Second: <b>32-OTHER POLE</b>			Third:		Fourth:	

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
[REDACTED]	[REDACTED]	<b>F</b>	<b>04</b>	<b>4</b>	<b>820190-ST. MARY MERCY HOSPITAL</b>
LIVONIA MI [REDACTED]	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	<b>C</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>821029-WESTLAND FIRE DEPT</b>
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
[REDACTED]	[REDACTED]	<b>F</b>	<b>03</b>	<b>4</b>	<b>NONE</b>
WESTLAND MI [REDACTED]	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NONE</b>
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
[REDACTED]	[REDACTED]	<b>M</b>	<b>05</b>	<b>6</b>	<b>Hospital</b>
[REDACTED]	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>REFUSD-REFUSED</b>
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
[REDACTED]	[REDACTED]	<b>F</b>	<b>06</b>	<b>4</b>	<b>REFUSED</b>
LIVONIA MI [REDACTED]	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>REFUSD-REFUSED</b>
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
[REDACTED]	[REDACTED]				
[REDACTED]	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
[REDACTED]	[REDACTED]				
[REDACTED]	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC
	Driver's CDL Type	Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	CDL Exempt Farm Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material Placard Cargo Spill
					ID # Class #

Owner Information <b>WESTLAND MI</b>	Owner Information
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Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property Owner & Phone	Public
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41840 Michigan Avenue  
Canton, MI 48188  
734-397-9900  
Facility #F163250



The seller hereby expressly disclaims all warranties, either express or implied, including all implied warranties of merchantability or fitness for the particular purpose, and authorizes any other person to assume for it any liability in connection with the sale of these parts

WESTLAND, MI		VEHICLE ID		MILES IN	MILES OUT	DATE/TIME IN	DATE OUT	INVOICE NO.
		5XYKT3A60DG		53939	53939	05/13/15 13:13	05/29/15	
		YEAR	MAKE *	MODEL	COLOR	TAG NO.	STATUS	
		13	KIA	SORENTO LX	SATIN META		COMPLETE	
CUST. LABOR RATE		PROD. DATE	IN-SERV DATE	DELIV. DATE	DELIV. MILES	TERMS		
104.5			02/01/13	02/01/13	26	No Charge		
CUST NO.	LICENSE	HOME PHONE	WORK PHONE	CELL PHONE	STOCK NO.	SERV. ADV.	RO COMMENT	
						Jacob Losen (113)		

THANK YOU FOR YOUR BUSINESS!

Line	Op-Code	Fail Code	Tech	Hours	Type	Amount						
A *			A09		Warranty							
Concern	Customer states VEHICLE BEING DROPPED OFF FOR ACU TESTING PER KIA.											
Cause	PERFORMED SCANS AND RECORDED DATA AS REQUESTED. REMOVE AND REINSTALL PER Samuel Kim @ KIA Motors America, National Consumer Affairs.											
Correction	COMPLETED. 56920R00 2.1 56920RQ0 .3 ATT .8 SHIPPING RECIEPT ATTACHED FOR 40.12 TRACKING NUMBER											
<table border="1"> <thead> <tr> <th>Sublet Code</th> <th>Vendor Name</th> <th>PO# / Description</th> </tr> </thead> <tbody> <tr> <td>X1</td> <td>SHIPPING FED EX HERTZ</td> <td>SHIP PO# 6106</td> </tr> </tbody> </table>							Sublet Code	Vendor Name	PO# / Description	X1	SHIPPING FED EX HERTZ	SHIP PO# 6106
Sublet Code	Vendor Name	PO# / Description										
X1	SHIPPING FED EX HERTZ	SHIP PO# 6106										
B *	HERTZ		A09		Customer	\$0.00						
Concern	HERTZ RENTAL VEHICLE											
Cause	INV# [REDACTED] VIN# 5XXGM4A77DG21 [REDACTED] DAYS AT 35.00 A DAY.											
Correction	COMPLETED											
Line Total...						\$0.00						

Totals						Amount
TOTAL CUSTOMER						No Charge

ON BEHALF OF THE SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. FLAT RATE HOURS ARE PREDICTED ON A TIME STUDY GUIDE AND MAY NOT REFLECT THE ACTUAL HOURS WORKED. THERE IS THE POSSIBILITY THAT THERE WILL BE A CHARGE FOR SHOP SUPPLIES ADDED TO THE REPAIR ORDER IN THE AMOUNT EQUAL TO 10% OF THE TOTAL LABOR COST. WE GUARANTEE OUR SERVICE WORK FOR 12 MONTHS OR 12,000 MILES

WHICHEVER COMES FIRST. IF OUR REPAIR OR REPLACEMENT FALLS IN NORMAL SERVICE WITHIN THAT PERIOD, WE'LL FIX IT FREE OF CHARGE DURING NORMAL BUSINESS HOURS PARTS AND LABOR UNLESS SPECIFIED OTHERWISE. ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH THE MICHIGAN MOTOR VEHICLE SERVICE AND REPAIR ACT (P.A. 300)

CUSTOMER SIGNATURE

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON  
(DATE)



41840 Michigan Avenue  
Canton, MI 48188  
734-397-9900  
Facility #F163250



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[REDACTED]		VEHICLE IDENTIFICATION		MILEAGE OUT	DATE OUT	INVOICE NO.
WESTLAND MI [REDACTED]		5XYKT3A60DG [REDACTED]		51283	04/09/15	[REDACTED]
YEAR	MAKE	MODEL	COLOR	TAG NO.		
13	KIA	SORENTO LX	SATIN META	00000		
CUST. NO.	LICENSE	HOME PHONE	WORK PHONE	STOCK NO.	PROD. DATE	SERV. ADV.
[REDACTED]	[REDACTED]	[REDACTED]	-	[REDACTED]	00/00/00	123
CUST. LABOR RATE	DELIV. DATE	DELIV. MILES	MILEAGE IN	DATE IN	IN-SERV DATE	TERMS
104.5	02/01/13	26	51283	04/06/15	02/01/13	CASH

THANK YOU FOR YOUR BUSINESS!

LINE	OP. CODE	FAIL-CD	TECH.	HOURS/QT	TYPE	AMOUNT
A						
Com CUST STATES THE FUEL DOOR WILL NOT OPEN. ORDERED PARTS ARE HERE. FUEL DOOR NEEDED PAINTING TO MATCH THE VEHICLE.						
Cau FOUND ACTUATOR FAILING CAUSING THE DOOR TO BREAK						
Cor NEC TO REPALCE ACTUATOR AND FUEL DOOR CAP. 95420R00 .7 69510R00 .3						
PO#	PO#	5909	A09		W	
69510	2P000		DUSTY'S COLLISION	1	W	
95720	2J000		DOOR ASSY-FUEL	1	W	
			OPENER ASSY-FU	1	W	
				Line Total.....		

A09 [REDACTED] M253374 LINE: A

Non-Prepaid Special Order Parts:

SOR#	PART#	DESCRIPTION	Qty
004625	25287 25110	PULLEY-IDLER	1

TOTAL-CUSTOMER NoCharge

CUSTOMER COPY - PAGE 01

STATEMENT OF DISCLAIMER

ON BEHALF OF THE SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. FLAT RATE HOURS ARE PREDICTED ON A TIME STUDY GUIDE AND MAY NOT REFLECT THE ACTUAL HOURS WORKED. THERE IS THE POSSIBILITY THAT THERE WILL BE A CHARGE FOR SHOP SUPPLIES ADDED TO THE REPAIR ORDER IN THE AMOUNT EQUAL TO 10% OF THE TOTAL LABOR COST. WE GUARANTEE OUR SERVICE WORK FOR 12 MONTHS OR 12,000 MILES

WHICHEVER COMES FIRST. IF OUR REPAIR OR REPLACEMENT FALLS IN NORMAL SERVICE WITHIN THAT PERIOD, WE'LL FIX IT FREE OF CHARGE DURING NORMAL BUSINESS HOURS- PARTS AND LABOR UNLESS SPECIFIED OTHERWISE. ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH THE MICHIGAN MOTOR VEHICLE SERVICE AND REPAIR ACT (P.A. 300)

CUSTOMER SIGNATURE

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

VEHICLE ID		MILES IN	MILES OUT	DATE/TIME IN	DATE OUT	INVOICE NO.
5XYKT3A60DG		53939	53939	05/13/15 13:13	06/03/15	
YEAR	MAKE	MODEL	COLOR	TAG NO.	STATUS	
13	KIA	SORENTO LX	SATIN META		COMPLETE	
CUST. LABOR RATE	PROD. DATE	IN-SERV DATE	DELIV. DATE	DELIV. MILES	TERMS	
104.5		02/01/13	02/01/13	26	Cash	
CUST NO.				LICENSE	HOME PHONE	WORK PHONE
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]
CELL PHONE				STOCK NO.	SERV. ADV.	RO COMMENT
[REDACTED]				[REDACTED]	Jacob Losen (113)	

Totals

	Amount
Parts	\$4.50
Fluids	\$10.25
Shop Charge	\$1.55
Sales Tax	\$0.98
Labor	\$25.00
Coupon/Credit	-\$7.28
<b>TOTAL CASH</b>	<b>\$35.00</b>

**PAID**  
 CK. NO. Loyalty  
 DATE \_\_\_\_\_

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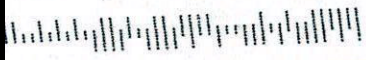
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CUSTOMER SIGNATURE

(SIGNED) \_\_\_\_\_ DEALER, GENERAL MGR/ NAGER OR AUTHORIZED PERSON  
 (DATE) \_\_\_\_\_

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

Westland, Mi



Metroplex MI 480 ZIP  
FRI 07 AUG 2015 AM

AUG 17 2015

AT 77005

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

20590

ref# 10693352