

JUN 5 - 2015

DOT - 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	
NAME [REDACTED] Address [REDACTED] City VERO BEACH State FL Zip Code [REDACTED]		Date Received 26-MAR-2015 Repository ☐ Reference No. 10701871		Daytime Telephone Number [REDACTED] E-mail Address Evening Telephone Number	
OWNER INFORMATION (Type or Print)					
<i>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).</i>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KNAGE123875 [REDACTED]		Make KIA		Model OPTIMA	
Model Year 2007		Date Purchased		Dealer's Name and Telephone Number	
Original Owner ☐		Dealer's City		Engine: No: Cylinders 6	
State		Zip Code		Fuel Type: REG.	
Transmission Type ☒ Antilock Brakes ☒ Cruise Control		Powertrain		Multiple Failure:	
Incident Date(s) 24-MAR-2015					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 162000 STRUCTURE: BODY, 161000 STRUCTURE: FRAME AND MEMBERS				Failure Mileage 66599	
				Failure Speed Same	
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)		☐ 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 ☐ Yes ☒ No		Fire ☐ Yes ☒ 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 2007 KIA OPTIMA. THE CONTACT STATED THAT THE SUBFRAME CORRODED PREMATURELY DUE TO SALT. THE CONTACT STATED THAT WHILE APPROACHING A STOP LIGHT AND MAKING A LEFT TURN, THE FRONT DRIVER SIDE WHEEL LOCKED. THE CONTACT WAS ABLE TO AGGRESSIVELY MANEUVER THE VEHICLE TO PREVENT A CRASH. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP. THE TECHNICIAN DIAGNOSED THAT THE SUBFRAME AND THE FRAME WERE CORRODED. AS A RESULT, THE SUBFRAME FRACTURED. THE MECHANIC INDICATED THAT THE SUBFRAME NEEDED TO BE REPLACED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 66,599.					
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.					

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

AFTER The wheel Locked in A LEFT TURN I drove The vehicle to The Repair Shop. (See Attached Printout from Repair Shop.) I Called KIA Corporate Offices. I Talked to A Gentlman who explained to me That he was aware of This Problem however AFTER Checking The VIN Number he informed ME That The KIA in Question was 1st purchased in San Diego Thus There wasn't anything he could do. I ASKed him What difference does it make Where The Vehicle was First Purchased. IT IS in my ESTIMATION A Poor design And I Should be COMPENSATED for ANY Repair Needed.

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

ORLANDO

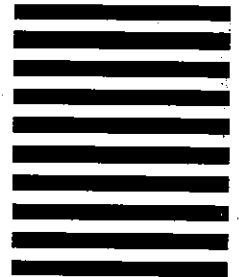
FL 327

27 MAY '15

PM 5 L



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**

NHTSA



DISCOUNT TIRE AND SERVICE
270 OLD DIXIE HIGHWAY
Vero Beach, FL. 32962
Phone - 772-569-0151 Fax - 772-562-2389
YOUR HOME TOWN AUTO REPAIR CENTER

INVOICE

INVOICE

Work Completed Date : 03/21/2015

Print Date : 03/26/2015

2007 Kia - Optima LX

Home [REDACTED]
Cust ID : [REDACTED]

Ref # :

Lic # :

Odometer In :

Unit # :

Vin # :

Hat # :

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
				SUB FRAME IS RUSTED AWAY , NOT SAFE TO DRIVE	N/C
				CHECK STERRING NOISE , WHEEL LOCKED UP	N/C
				**** Recommendations ****	
				TPMS LAMP IS ON , ALL TIRES SET AT 35 PSI	
				INSTALLED VALVE STEMS PER CUSTOMERS REQUEST	

Org. Estimate \$0.00

Revisions \$0.00

Current Estimate \$ 0.00

Additional Cost

Revised Estimate

Labor:	0.00
Parts:	0.00
Sublet:	0.00

Sub:	0.00
Tax:	0.00
Total:	0.00
Bal Due:	\$0.00

[Payments -]

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE NECESSARY MATERIAL AND HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE CAR OR TRUCK HEREIN DESCRIBED ON STREET, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON ABOVE CAR OR TRUCK TO SECURE THE AMOUNT OF REPAIRS THERETO. WARRANTY ON PARTS AND LABOR IS ONE YEAR OR 12,000 MILES WHICH EVER COMES FIRST. WARRANTY WORK HAS TO BE PERFORMED IN OUR SHOP AND CAN NOT EXCEED THE ORIGINAL COST OF REPAIR

SIGNATURE..... Date..... Time.....