


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6) 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 27-JUL-2015		Repository <input type="checkbox"/> Reference No. 10743944	
OWNER INFORMATION (Type or Print)							
Name				Daytime Telephone Number		E-mail Address	
Address				Evening Telephone Number			
City WILLIAMSTON		State NC		Zip Code			
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 KNAGMA71B				Make KIA		Model OPTIMA	Model Year 2011
Date Purchased 05/20/2011		Dealer's Name and Telephone Number Deacon Jones KIA			Engine: No: Cylinders		Fuel Type:
Original Owner <input type="checkbox"/>		Dealer's City Goldsboro		State NC	Zip Code 27892	87-Regular	
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control		Powertrain		Multiple Failure:	Incident Date(s) 24-JUL-2015
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Codes: 010000 STEERING, 020000 SUSPENSION					Failure Mileage 108000		Failure Speed 65
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 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
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).							
WHEN DRIVING ON THE HIGHWAY 55MPH OR HIGHER STEERING WHEEL HAS A LOUD KNOCK AND PULLS LEFT. IT IS VERY DANGEROUS TO DRIVE BECAUSE THE STEERING WHEEL IS UNCONTROLLABLE. WHEN IN PARK AND TURNING THE WHEEL IT MAKES THE KNOCKING NOISE ALSO. I mentioned to the dealership that there was a TSB for the default, but because of mileage they refused to cover the entire expense. Not only did I have to get the steering wheel column repaired but also a front-wheel alignment that I had to pay for. There are several Kia Optimas within my area who are experiencing this same issue. I believe Kia Motors should take full responsibility of their defects. I have attached a receipt of the steering wheel column repair and previously a transmission repair also attached that receipt.							
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.							

Service Mgr. Scott Baker
 District Mgr. Duwayne Keller

Repair Order Details



11 KIA OPTIMA LX
 VIN: KNAGM4A71B5

WILLIAMSTON, NC

RO

Serv. Adv. BRICKHOUSE, SAMANTHA
 RO Date 07/27/2015 Mileage In 108,353 Invoice Date 07/30/2015 Mileage Out 108,353
 Pay Method Cash G/L Group 1 Shop Charge? N Warr. Type C
 Customer Control No. 004420 Warr. Auth. No. Serv. Cont. Deduct. \$0.00 Warr. Deduct. \$0.00
 Discount Coupon Amount \$0.00 Sales Tax? Y Charge 1? N Charge 2? N

Line A

Op-Code: Type: Customer Pay Rate:

Complaint: Customer states knocking in the steering wheel
 Cause: worn steering shaft bushings
 Correction: replaced upper steering column, Kia motors to pay \$500.00 for a one time goodwill with the customer paying the balance goodwill authorization

TECH	NAME	BILL. HOURS	ACT. HOURS	COST	SELL PRICE
A2	JOHNSON, JIMMY	1.5	0.0	\$36.00	\$150.00
				Labor Total	\$150.00

PART	DESCRIPTION	QTY.	UNIT PRICE	EXT. PRICE	
56310 2T300	COLUMN ASSY-U	1	\$1,101.25	\$1,101.25	
				Parts Total	\$1,101.25
				Line Total	\$1,251.25

Line B

Op-Code: MPI Type: Internal Pay Rate:

Complaint: Perform Kia Customer 360 vehicle inspection as a courtesy to the guest
 Correction: completed Kia Customer 360 vehicle inspection as a courtesy to the guest

TECH	NAME	BILL. HOURS	ACT. HOURS	COST	SELL PRICE
A2	JOHNSON, JIMMY	0.0	0.0	\$0.00	\$0.00
				Labor Total	\$0.00
				Line Total	\$0.00

Line C

Op-Code: Type: Warranty Pay Rate:

Complaint: Customer states kia motors goodwill amount of \$500.00

TECH	NAME	BILL. HOURS	ACT. HOURS	COST	SELL PRICE
A7	TECH, INTERNAL	0.0	0.0	\$0.00	\$0.00
				Labor Total	\$0.00
				Line Total	\$0.00

Line D

Op-Code: ALIGN Type: Customer Pay Rate:

Complaint: CUSTOMER REQUEST A 4 WHEEL ALIGNMENT

TECH	NAME	BILL. HOURS	ACT. HOURS	COST	SELL PRICE
A2	JOHNSON, JIMMY	1.0	0.0	\$24.00	\$79.95
				Labor Total	\$79.95

Line Total \$79.95

Summary of Charges					Charges for [REDACTED]			
Payable	War/Int/SvCont Charges		Cost	Amount	Payable	Acct No.	Cost	Amount
	Type	Acct No.						
			\$0.00	\$0.00	Parts	[REDACTED]	\$660.75	\$1,101.25
					SalesTax	[REDACTED]	\$0.00	\$77.09
					Labor	[REDACTED]	\$60.00	\$229.95
							\$720.75	\$1,408.29
Receivable	Control No.	Acct No.	Amount	Receivable	Control No.	Acct No.	Amount	
								CC
			\$0.00	Credit Card	CC	[REDACTED]	\$1,408.29	
							\$1,408.29	

Repair Order Details

██████████
 WILLIAMSTON, NC ██████████

11 KIA OPTIMA LX
 VIN: KNAGM4A71B5 ██████████

RO ██████████

Serv. Adv.	ESCOBAR, ANTHONY	Invoice Version	C
RO Date	09/20/2012	Mileage In	30,156
Pay Method	Cash	Invoice Date	09/25/2012
Customer Control No.	██████████	Mileage Out	30,168
Discount Coupon Amount	\$0.00	G/I. Group	1
		Shop Charge?	N
		Warr. Auth. No.	
		Serv. Cont. Deduct.	\$0.00
		Warr. Deduct.	\$0.00
		Sales Tax?	Y
		Charge 1?	N
		Charge 2?	N

Line A

Op-Code: 45000R6M Type: Warranty Pay Rate:

Complaint: Customer States that veh jerks on take off and decel interm
 Cause: found p0748 preformed trans dynamic relearn 5 times and trans still has harsh down shift at times
 Correction: tech case # ██████████ replaced trans and retested nokPWA ██████████

TECH	NAME	BILL. HOURS	ACT. HOURS	COST	SELL PRICE
A2	JOHNSON, JIMMY	4.0	0.0	\$92.00	\$320.80
				Labor Total	\$320.80

PART	DESCRIPTION	QTY	UNIT PRICE	EXT. PRICE	
45000 3B890R	REMAN TRANS	1	\$910.00	\$910.00	
UM090 CH042	ATF TYPE 4	5	\$8.89	\$44.45	
				Parts Total	\$954.45
				Line Total	\$1,275.25

Summary of Charges

War/Int/SvCont Charges					Charges for ██████████				
Payable	Type	Acct No.	Cost	Amount	Payable	Acct No.	Cost	Amount	
Labor	Warranty	██████████	\$92.00	\$320.80					
Parts	Warranty	██████████	\$681.75	\$954.45			\$0.00	\$0.00	
				\$773.75	\$1,275.25				
Receivable					Receivable				
		Control No.	Acct No.	Amount		Control No.	Acct No.	Amount	
Warranty		██████████	2200	\$1,275.25				\$0.00	
				\$1,275.25					