

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>22-FEB-2017 MAY - 2 2017</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No. 10956326</p>	
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>	<p>E-mail Address</p>	<p>Evening Telephone Number</p>	
<p>Address [REDACTED]</p>		<p>City BEDFORD</p>	<p>State NH</p>	<p>Zip Code [REDACTED]</p>	
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KNAGD126745 [REDACTED]</p>		<p>Make KIA</p>	<p>Model OPTIMA</p>	<p>Model Year 2004</p>	
<p>Date Purchased</p>	<p>Dealer's Name and Telephone Number</p>		<p>Engine: No: Cylinders</p>	<p>Fuel Type:</p>	
<p>Original Owner <input type="checkbox"/></p>	<p>Dealer's City</p>	<p>State</p>	<p>Zip Code</p>	<p>Incident Date(s) 21-FEB-2017</p>	
<p>Transmission Type</p>	<p><input type="checkbox"/> Antilock Brakes</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>	<p>Incident Date(s) 21-FEB-2017</p>	
<p><input type="checkbox"/> Cruise Control</p>					
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: 020000 SUSPENSION</p>			<p>Failure Mileage 57000</p>	<p>Failure Speed</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>		<p><input type="checkbox"/> Original Equipment</p>	<p>Failure Location:</p>		
<p><input type="checkbox"/> Prior Repair</p>					
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Deaths</p>	<p>Reported to Police N</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2004 KIA OPTIMA. THE CONTACT STATED THAT THE VEHICLE FAILED INSPECTION DUE TO SEVERE CORROSION OF THE SUBFRAME. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE CONTACT REFERENCED NHTSA CAMPAIGN NUMBER: 09V183000 (SUSPENSION) AS A POSSIBLE SOLUTION TO THE FAILURE; HOWEVER, THE VIN WAS NOT INCLUDED. THE FAILURE MILEAGE WAS APPROXIMATELY 57,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>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.</p>					

Budget Gas and Garage
 20 Boynton St
 Manchester, NH. 03102
 Phone: 603-627-2865 Fax: 603-623-9267

INVOICE

INVOICE

Date: 03/02/2017

Bedford, NH
 Home Cellular:
 2004 Kia - Optima LX - 2.4L, In-Line4 (144CI) VIN(6
 Lic # :
 Unit # : OPTIMA
 VIN # : KNAGD1267 45
 Odometer In : 58010
 Odometer Out : 58010

Part Description / Number	Qty	Sale	Ext	Labor Description	E
SUBFRAME	1.00	475.00	475.00	SUBFRAME - Remove & Replace - All Applicable Models - [DOES NOT include alignment.]	507.30
SUB-WJEDJNMN5M5M,					
front links	2.00	23.76	47.52	Hazardous Materials	6.00
stbl-twetegvdbdb					
Shop Supplies			6.00		

MARCH 2, 2017 12:02 PM

BUDGET GAS & GARAGE
 20 BOYNTON ST
 MANCHESTER NH 03102
 603 627 2865

COMP JOB: XDCB TERMS: 10-XXC1-000102

CARD TYPE: CHASE VISA

REF: 00000000

TRAN TYPE: SALE

ACCOUNT: ***** INSERT

TOTAL AMOUNT \$ 1041.82

APPROVAL CODE: 055046 STAN: 001687

IC: 07260047470306A

CUSTOMER COPY

Org. Estimate 0.00	Revisions 982.30	Current Estimate 982.30	Labor: 507.30
Revision # 1, Previous Estimate Amount: 0.00, Additional Cost: 982.30, Revised Estimate: 982.30, Parts: \$475.00 Labor: \$507.30 Sublet: \$0.00 Taxes & Fees: \$0.00			Parts: 528.50
Authorized by: Date - 2/21/2017, Time - 12:36 PM, Initiated By - Shop, Written By - GILCREAST, FRANK, Phone Number - Cellular: 603-289-1115			HazMat: 6.00
			SubTotal: 1,041.80
			Tax: 0.00
			Total: 1,041.80
			Bal Due: \$1,041.80

[Payments -]

Vehicle Received: 2/21/2017

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 describe on street, highways or elsewhere for the purpose to 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 90 days or 3,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

Signature _____ Date _____ Time _____



Kia Motors America, Inc.
Corporate Headquarters
111 Peters Canyon Road
Irvine, CA 92605-1790 USA
T 1 949 468 4800 F 1 949 468 4905

2/28/2017

[REDACTED]
[REDACTED]
Bedford, NH [REDACTED]

Re: VIN: KNAGD12674 [REDACTED]
2004 Optima
Case # [REDACTED]

Dear [REDACTED]

Thank you for contacting Kia Motors America, Inc. (KMA) and requesting assistance. We appreciate hearing from our customers who inform us of issues that need to be addressed. However, we have not been able to contact you through the phone number provided.

If you still have any concerns that you would like a KMA representative to address, please contact me at 520-770-4792. Thank you again for taking the time to call and we look forward to hearing from you.

Sincerely,

Brittany Lewis
520-770-4792
Kia Motors America, Inc.
Region Consumer Affairs Office

we have attempted to contact this person on several occasions leaving voicemails each time. No response to date.