

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline  U.S. Department of Transportation National Highway Traffic Safety Administration		FOR AGENCY USE ONLY 100148 Date Received 09-AUG-2017 OCT 25 2017		Repository ☐ Reference No. 11013874	
Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline					
OWNER INFORMATION (Type or Print)					
Name		Address		City	
[REDACTED]		[REDACTED]		NORTH HUNTINGDON	
State		Zip Code		[REDACTED]	
PA		[REDACTED]		[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	
5XXGM4A74CG [REDACTED]		KIA		OPTIMA	
Date Purchased		Dealer's Name and Telephone Number		Engine:	
1-31-2012		Jim SHORKEY KIA 724-515-1000		No: Cylinders 4	
Original Owner		Dealer's City		State	
☒		NORTH HUNTINGDON		PA	
Transmission Type		Antilock Brakes		Fuel Type:	
AUTO		☒		UNLEADED	
Cruise Control		Powertrain		Incident Date(s)	
☒		Multiple Failure:		08-AUG-2017	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 030000 BRAKES (PWS)				Failure Mileage	
				23538	
				Failure Speed	
				10 mph	
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)		☐ Original Equipment		Failure Location:	
		☐ Prior Repair			
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		Fire		Number of Persons Injured	
☐ Yes ☒ No		☐ Yes ☒ No		Number of Deaths	
				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 2012 KIA OPTIMA. WHILE DRIVING DOWNHILL WITH THE BRAKE PEDAL DEPRESSED, THE VEHICLE ABRUPTLY ACCELERATED. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE CONTACT WAS ABLE TO ENGAGE THE EMERGENCY BRAKE, BUT THE VEHICLE DECELERATED AND RETURNED TO NORMAL AFTER THE ACCELERATOR PEDAL WAS APPLIED WITH CAUTION. THE VEHICLE WAS NOT TAKEN TO A DEALER OR LOCAL MECHANIC FOR DIAGNOSTIC TESTING. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS 23,538.					
SEE REVERSE SIDE					
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)

9-18-2017 RMC
WHILE DRIVING DOWN HILL, WITH BRAKE PEDAL DEPRESSED, GETTING READY TO STOP AT STOP SIGN, THE VEHICLE ACCELERATED UNEXPECTEDLY TO A SPEED OF 30 TO 35 mph. I DID NOT ENGAGE THE EMERGENCY BRAKE. I DID SHIFT THE VEHICLE FROM DRIVE TO NEUTRAL. ENGINE CONTINUED TO RACE UNCONTROLLABLY. I TAPPED THE ACCELERATOR PEDAL WITH MY FOOT AT WHICH TIME THE ENGINE RETURNED TO NORMAL. THIS WAS THE THIRD TIME THIS TYPE OF INCIDENT HAD OCCURED. I DID TAKE THE VEHICLE TO THE DEALER FOR DIAGNOSTIC TEST ON AUG. 11, 2017. NO PROBLEMS WERE FOUND.

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

PITTSBURGH
PA 150
18 SEP '17
PM 2 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, NEF-100
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

N.H.T.S.A. REF#: 11013874

CUSTOMER #:

INVOICE



12900 Route 30 West • P.O. Box 446
North Huntingdon, PA 15642
Main: (724) 515-1000 • Parts: (724) 515-1001
Fax: (724) 382-3121

IRWIN, PA
HOME:
BUS:

PAGE 1

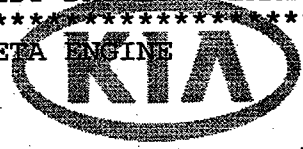
SERVICE ADVISOR: 2258 CHAD MULLIN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
RED	12	KIA OPTIMA	5XXGM4A74CG		23553/23558	T337AS
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT
30JAN12 IS			14:00 11AUG17		99.95	CC
30JAN12 DL						11AUG17
R.O. OPENED	READY	OPTIONS:	SOLD-STK:	ENG:2.4 Liter_GDI		
07:50 11AUG17	14:20 11AUG17					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							
A CUSTOMER STATES WHILE APPLYING BRAKE PEDAL AT TIMES VEHICLE WILL ACCELERATE ON ITS OWN CUSTOMER IS AWARE OF DIAG							
CS CUSTOMER STATES WHILE APPLYING BRAKE PEDAL AT TIMES VEHICLE WILL ACCELERATE ON ITS OWN CUSTOMER IS AWARE OF DIAG							
				687 CP	0.00	0.00	0.00
DIAG DIAGNOSIS OF CUSTOMER CONCERN/AND OR ENGINE LIGHT							
				687 CP	1.00	99.95	99.95
PARTS:	0.00	LABOR:	99.95	OTHER:	0.00	TOTAL LINE A:	99.95

23553 UNABLE TO DUPLICATE CUSTOMER CONCERN. CHECKED FOR CODES. NO CODES PRESENT ACTIVE/HISTORY. TEST DROVE OPERATING PER DESIGN.

B SC147 2.4L GDI & 2.0L T-GDI THETA ENGINE
CAUSE: R
171A29I0 SC147



RECALL for METAL SHAVINGS IN OIL
Nothing found
OK

687 WK 0.70
1 26300-35504 FILTER ASSY-ENGINE O
1 21513-23001 GASKET OIL PLUG
5 T0530-QRT12 TOTAL OILSWSUSN
1 26611-2G050QQK ROD ASSY-OIL LEVEL G
FC: 171A29I0
PART#: 26300-35504
COUNT: 1
CLAIM TYPE: R
AUTH CODE:

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00
--------	------	--------	------	--------	------	---------------	------

C KSE - KIA SERVICE EVALUATION
KSE KSE - KIA SERVICE EVALUATION

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00
--------	------	--------	------	--------	------	---------------	------

All parts are new or factory rebuilt unless specified otherwise. Replaced parts will be returned unless specified otherwise. Parts replaced under the manufacturers warranty are retained by the dealer for inspection by the manufacturer.

TERMS: STRICTLY CASH UNLESS ARRANGED OTHERWISE
I hereby authorize the repair work herein set forth to be done by you along with the necessary parts and materials to be furnished by you and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or materials for any reason and that you neither assume nor authorize anyone to assume any liability in connection with such repair. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto. In the event that you, the customer, authorize commencement but do not authorize completion of a repair or service, a charge will be imposed for disassembly, reassembly or partially completed work. Such charge will be directly related to the actual amount of labor or parts involved in the inspection, repair or service. Customer labor charges may be based on the complexity of the repair and the level of expertise required to effect the repair.

X
CUSTOMER SIGNATURE

DISCLAIMER OF WARRANTIES
Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability of fitness for a particular purpose, and neither assumes nor authorizes any person to assume for it any liability in connection with the sale of said products. The product is sold by the seller "As is" and the entire risk as to quality and performance of the product is with the buyer and/or manufacturer. If the product proves to be defective after purchase, the buyer and/or manufacturer, not the seller, shall assume the entire cost of all necessary remedies.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	