



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 27-MAR-2018 JUN 05 2018	Repository <input type="checkbox"/>
	Reference No. 11081552

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
COVINGTON	VA	[REDACTED]	[REDACTED]
Daytime Telephone Number		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 KNAGM4A75B5 [REDACTED]	Make KIA	Model OPTIMA	Model Year 2011
Date Purchased 09/10/2016	Dealer's Name and Telephone Number Robert Garten Automotives LLC		Engine: No: Cylinders
Original Owner <input type="checkbox"/> No	Dealer's City Covington	State VA	Zip Code 24026
Transmission Type Auto	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 10-OCT-2017

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 0	Failure Speed 55

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				
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths	Reported to Police 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 OWNED A 2011 KIA OPTIMA. THE CONTACT STATED THAT WHILE DRIVING AT 55 MPH, A DEER CROSSED IN FRONT OF THE VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE DRIVER SUSTAINED NECK AND BACK INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED AND REPAIRED. THE REPAIRS WERE UNKNOWN. THE DEALER (BLACKWELL CHRYSLER DODGE JEEP RAM FIAT KIA 4874 RIVERSIDE DR, DANVILLE, VA 24541(434) 792-8853) WAS CONTACTED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN.

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.