

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		
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 10-DEC-2019 JAN 30 2020		Repository ☐
				Reference No. 11288159		
OWNER INFORMATION (Type or Print)						
Name [REDACTED]				Daytime Telephone Number [REDACTED]		
Address [REDACTED]				Evening Telephone Number [REDACTED]		
City AKRON		State OH	Zip Code [REDACTED]			
<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 KNDJN2A27E7 [REDACTED]				Make KIA	Model SOUL	
Date Purchased		Dealer's Name and Telephone Number		Engine: No: Cylinders	Model Year 2014	
Original Owner ☐		Dealer's City		State	Zip Code	
Transmission Type ☐ Antilock Brakes ☐ Cruise Control	Powertrain		Multiple Failure:		Incident Date(s) 25-SEP-2019	
FAILED COMPONENT(S)/PART(S) INFORMATION						
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL				Failure Mileage 48000	Failure Speed	
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 ☐ 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 ☐ Yes ☒ No		Fire ☐ Yes ☒ No		Number of Persons Injured	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 2014 KIA SOUL. WHEN THE VEHICLE WAS IN USE, THE RPMS ACCELERATED TO 4 WITHOUT WARNING. THE CONTACT ALSO NOTICED AN ABRNORMAL FUEL ODOR COMING FROM THE VENTILATION INSIDE THE VEHICLE. THE VEHICLE WAS TAKEN TO BILL DORATY KIA (2925 MEDINA RD, MEDINA, OH 44256, (888) 628-4559), BUT WAS NOT DIAGNOSED OR REPAIRED. THE FAILURE RECURRED MULTIPLE TIMES. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE CONTACT REFERENCED NHTSA CAMPAIGN NUMBER: 15V123000 (VEHICLE SPEED CONTROL). THE FAILURE MILEAGE WAS APPROXIMATELY 48,000.						
The RPM still idiol up to 3 1/2 - 4 Everytime I start the car up miles 48,897 as of 1-28-2020						
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.						