

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

**From:** [DataQuality, DataQuality \(NHTSA\)](#)  
**To:** [EVOQ \(NHTSA\)](#)  
**Subject:** FW: FW: Follow up to ODI Complaint ----- 11309068-----  
**Date:** Monday, June 8, 2020 9:43:41 AM  
**Attachments:** [REDACTED]

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questionnaire

**From:** [REDACTED]  
**Sent:** Monday, June 08, 2020 8:40 AM  
**To:** DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>  
**Subject:** Fwd: FW: Follow up to ODI Complaint ----- 11309068-----

----- Forwarded message -----

**From:** **EVOQ (NHTSA)** <[EVOQ@dot.gov](mailto:EVOQ@dot.gov)>  
**Date:** Mon, Mar 16, 2020, 9:01 AM  
**Subject:** FW: Follow up to ODI Complaint ----- 11309068-----  
**To:** [REDACTED] >

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to [dataquality@dot.gov](mailto:dataquality@dot.gov) or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.  
NHTSA/Office of Defects Investigation



U.S. Department of Transportation  
National Highway Traffic Safety Administration

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

Date Received  
13-FEB-2020

Repository   
Reference No.  
11309068

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City MONROE State NC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] 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 [REDACTED] Make KIA Model SPECTRA Model Year 2008  
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders [REDACTED] Fuel Type: [REDACTED]  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type  Antilock Brakes  Cruise Control Powertrain [REDACTED] Multiple Failure: [REDACTED] Incident Date(s) 23-MAY-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Failure Mileage 185000 Failure Speed 45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTMAL9ABC036) [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

*(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)*

Crash  Yes  No Fire  Yes  No Number of Persons Injured 2 Number of Deaths [REDACTED] 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 2008 KIA SPECTRA. THE CONTACT STATED WHILE A PASSENGER IN THE VEHICLE TRAVELLING AT 45 MPH, THE VEHICLE WAS HIT ON THE PASSENGER SIDE BY ANOTHER VEHICLE AS A RESULT THE PASSENGER AND DRIVER SIDE AIR BAGS AS WELL AS THE PASSENGER SIDE AIR BAGS FAILED TO DEPLOY. THE PASSENGER AND THE DRIVER OF HER VEHICLE SUSTAINED BACK, HEAD AND ARM INJURIES WHILE THE DRIVER SUSTAINED NECK AND BACK INJURIES THAT REQUIRED MEDICAL ATTENTION. THE CONTACT STATED THAT THE OCCUPANTS OF THE OTHER VEHICLE SUSTAINED NO INJURIES. A POLICE REPORT WAS FILED. THE CAR WAS DRIVABLE AS THE AIR BAGS FAILED DEPLOY HOWEVER, THE VEHICLE WAS DEEMED A TOTAL LOSS. THE APPROXIMATE FAILURE MILEAGE 185,000. THE VIN WAS NOT AVAILABLE.

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.