

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		FOR AGENCY USE ONLY 100148	
OWNER INFORMATION (Type or Print)		Date Received 28-MAY-2020	Repository <input type="checkbox"/>	Reference No. 11326374	
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]		
Address [REDACTED]		Evening Telephone Number [REDACTED]			
City GLENSIDE	State PA	Zip Code [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 KNDPBCA24B [REDACTED]		Make KIA	Model SPORTAGE	Model Year 2011	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: it was determined lower bearing failure.		Incident Date(s) 25-MAY-2020	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 060000 ENGINE (PWS)			Failure Mileage 85000	Failure Speed 30	
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 (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).					
MY CAR STOPPED RUNNING WHILE IN USE. MY BRAKES WORKED BUT NOT MY GAS. I COULD NOT ACCELERATE AND WAS IN DANGER OF BEING HIT.					
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.					

Metal got in engine and destroyed it. My VIN not under recall so KIA did not replace. I had to buy a new car.