



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

POSTED

QC'd COPIED

AGENCY USE ONLY

Date Received _____

Office of _____

Room _____

up_tr _____

Reference No. _____

DEFECTS INV 559370

Daytime Telephone Number _____

OWNER INFORMATION (Type or Print)

Name _____
State _____
City _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____

Date 1-26-01

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) K N D J A 7 2 3 4 x 5 5 9 9 0 7 7				Make KIA		Model Sportage		Year 1999	
Purchased Date 5/99		Dealer's Name Loving Blvd				Engine Size (CID/CYL) 4		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input type="checkbox"/> Used		Dealer's City Springfield		State MO	Zip Code		No. Cylinders		
Manufacture Date (on driver's door or pillar)		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Waterbell <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	
						Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2 Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Spare tire Latch		Part Name(s) Oxygen sensors, Air Flow Sensors, Wheel Transfer Case, Vacuum hoses		Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
------------------	--	---	--	---	--	--	--	---	--

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand		Tire Name		Complete Tire Size	
No. of Failures		Date(s) of Failure(s)		Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Mileage at Failure(s)		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Vehicle Speed at Failure(s)			

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

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 Fatalities		Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	---	--	---------------------------	--	----------------------	--	---	--

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

Car has stalled numerous times when pulling out in to traffic. It has been worked on 7 times and continues to have problems.

During the show the 4wd went out after they had worked on it and I slid down a hill w/o injury only because it was a rural road and no one was traveling if I had vehicle inspected and found there was no 4wd working at all. When they said it was fixed Also now Rt. Front wheel is loose.

Continue on back

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Please note that car is not being worked on where purchased. It is being repaired at Aufenberg Motors in Cape Gir. Mo 63701

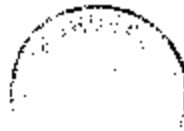
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S

QUESTIONNAIRE

(V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

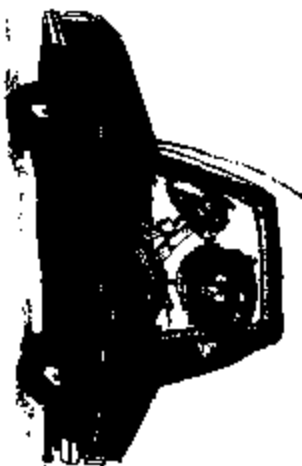
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline