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Form Approved: O.M.B. No. 2127-0008



US Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
TO REPORT VEHICLE SAFETY DEFECT  
1-888-DASH-2-DOT  
1-888-327-4236  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY

Date Received \_\_\_\_\_

Doc\_tr \_\_\_\_\_

ri\_dt \_\_\_\_\_

od\_rt \_\_\_\_\_

up\_lr \_\_\_\_\_

Reference No. \_\_\_\_\_

**COPIED**

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**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 3/2/01

**VEHICLE INFORMATION**

Vehicle Ident No (VIN) (17 Digits) <i>(Located at bottom of windshield on driver's side)</i>	Vehicle Make <b>KIA</b>	Vehicle Model <b>SPORTAGE</b>	Vehicle Year <b>1998</b>	Current Odometer Reading <b>048000</b>	
Purchased Date <b>12-98</b>	Dealer's Name <b>KINLEY'S</b>	Engine Size (CID/CC/L) <b>2.0</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New, <input type="checkbox"/> Used	Dealer's City <b>WILLIAMSPORT</b>	State <b>PA</b>	Zip Code <b>17701</b>	No. Cylinders <b>4</b>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Airbag <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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <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**

Component <b>4WD</b>	Part Name(s) <b>LOOSE 4WD WHEN TRACKING DRIVE ABILITY - IN SNOW (SEE BACK)</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>4</b>	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s): _____	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

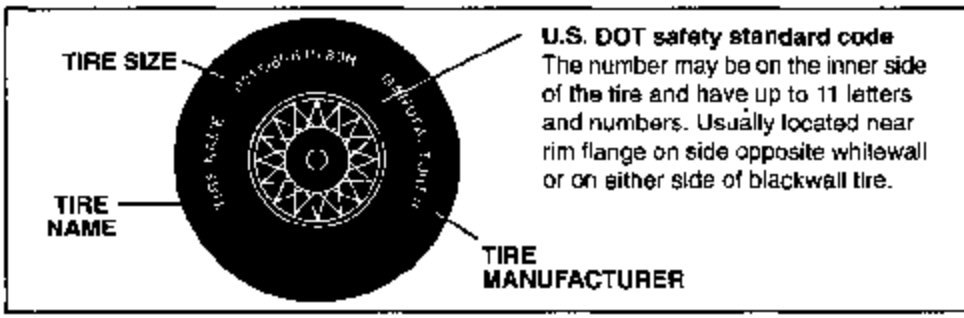
**APPLICABLE INCIDENT INFORMATION**  
*(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)*

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Persons Injured <b>1</b>	Number of Fatalities <b>0</b>	Estimated Property Damage \$ <b>700</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)**

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).  
Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
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**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 administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

HS-Form 350 (Rev. 3-98)

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

- HISTORY OF FAILURES - ALL DOCUMENTED @ DEALERSHIP & NO RESPONSE FROM REQUEST TO MEET W/ THE KIA REPRESENTATIVE.
1. FIRST FAILURE WINTER '99 - LOST 4WD, GOT STUCK & CRACKED BODY MOLDING. DEALER FROM DEALER WAS TO REPLACE FRONT END COMPONENTS - "RUNNING HISTORY OF WET SEALS."
  2. WINTER 2000 - TRAVELING IN SNOW STORM, LOST CONTROL OF VEHICLE HIT TREE OVER EMBANKMENT, WHEN PULLED OUT - REALIZED 4WD HAD BEEN LOST - DEALER RESPONSE W/ VACUUM SEALS BAD
  3. WINTER 2006 - LOST 4WD, THIS TIME VACUUM LINE BROKE THROUGH.
  4. SPRING 2001 - LOST 4WD, DEALER REPLACE FRONT END COMPONENTS AGAIN.

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



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

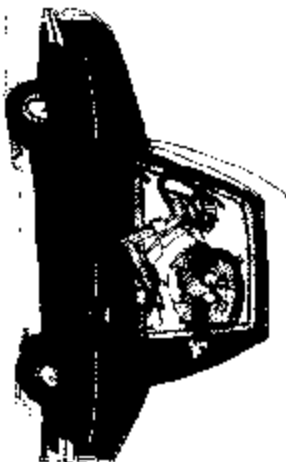
**DASH2DOT**

and dial toll free at

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**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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