

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 258</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p><b>14-SEP-2000</b></p>		<p>Od_ or rt_dt od_rt up_ltr</p> <p>Reference No. <b>731439</b></p>	
<p><b>JUNEEVAN MALONEY 640949</b></p> <p><b>43 GEM DRIVE</b></p> <p><b>WILLIMANTIC CT 06226</b></p>		<p>Work Number <b>860 456 1107</b></p> <p>Home Number <b>860 456 7318</b></p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date ____/____/____</p>					
<b>VEHICLE INFORMATION</b>					
<p>Vehicle Ident. No. (VIN.) <small>(Indicates attorney at law/retailer or other sales rep)</small></p> <p><b>KNDJA7236Y5647101</b></p>		<p>Vehicle Make</p> <p><b>KIA</b></p>	<p>Vehicle Model</p> <p><b>SPORTAGE</b></p>	<p>Vehicle Year</p> <p><b>2000</b></p>	<p>Current Odometer Reading</p>
<p>Purchase Date</p> <p><b>01-JUN-2000</b></p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) <b>2.0</b></p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Yes</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> 3-Point Belt</p>	<p>Restraint System</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Front</p>	<p>Cruise Control</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult</p>	<p>Drive Train</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Front</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult</p>
					<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door</p>