

785211

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>, Chiang, George <NHTSA>
Date: 1/1/01 11:08AM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Saturday, December 30th 2000 at 3:06:41 PM

VEHICLE OWNER'S QUESTIONNAIRE
=====

OWNER INFORMATION

NAME [REDACTED]
ADDRESS [REDACTED]
Su [REDACTED] 8
TELEPHONE [REDACTED]

NHTSA authorized to send a copy of this report to the manufacturer: No

VEHICLE INFORMATION

VIN:
MAKE: Kia
MODEL: Sephia
YEAR: 2000

ODOMETER: 18,000
PURCHASE DATE: NEW OR USED: Used

DEALER NAME: Nation Auto U.S.A.
ADDRESS: Windsor, CT

ENGINE SIZE:
CYLINDERS: 4

FUEL INJECTION: No
TURBO: No
FUEL TYPE:
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: Front

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: No
MOTOR BELT: No
2-POINT BELT: Yes
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: transmission,brakes,OBD

PART NAME(S):

LOCATION: Front

NUMBER OF FAILURES: several

DATE(S) OF FAILURES: 10/7/00 thru present day

MILEAGE AT FAILURE(S): 9,000

SPEED AT FAILURE(S): 25-30 , 50-55, 75-80

MANUFATURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No

FIRE: No

NUMBER OF PERSONS INJURED:

NUMBER OF FATALITIES:

ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:

PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT

TIRE MANUFACTURER:

TIRE NAME:

TIRE SIZE:

ADDITIONAL COMMENTS

On 10/7/2000 ,I purchased a 2000 Kia Sephia from Nation auto, when I left there I traveled at approximately 50mph, I noticed a shake in the front of the car I slowed the car and I noticed it went away, so I increased my speed back to 50mph and the shake returned. I contacted Nation Auto and they said I should bring the car back to them, so I did and they balanced the tires and sent me on my way, I proceeded down the same road at 50mph and noticed the shake was still there. I headed into town and travelled at 25mph and noticed the shake also occurred at this speed as well. I brought the car back to Nation Auto and they said the front tires were scalloped so they replaced the tires, I got the car back and once again discovered the shake was still there. So once again I contacted Nation Auto and once again they failed to fix the ongoing problem, they lubed the front end of the car. So on the fourth trip to Nation auto I visited the sales department and informed them of the problems I was having with the car, they gave me a loaner car and had their repair staff send my car to Suburban Kia in Vernon,CT. I should also tell you that in the mist of all this, at one point my brakes failed several times and Nation auto replaced them with original Kia parts, they had NAPA parts on the car to begin with. The OBD system also failed and that was the other reason they were sending my car to Kia, Apperantly that is something that must be replaced at an official Kia dealershp. They had my car at Suburban for about 3 weeks, the OBD piece was on back order, and while they waited for that they determined that the shake was a transmission shake, so they order one of those, and that to was on back order. Finally I got the car back. And the next morning I went out started my car, it was cold out so I let it warm up, I have a baby and I wanted the car nice and cozy for him. We headed out on to the roads and I noticed the car was shifting properly, it was hesitating and when it did shift it slammed into gear, in all gears including reverse, and I still had the shake. I contacted Suburban and the service manager Mike informed me that "it's a cheap car and they have a tendency to shake, and as far as the transmission goes well it's new so it has to break in" . that was the last time I spoke to either of these dealers, as I went on vacation for the holidays, I am returning in a few days and I don't know where to turn with these problems.

END OF FORM



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 778

Date Received

01-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make KIA	Vehicle Model SEPHIA	Vehicle Year 2000	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CYL) 4 CYL No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08540000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 07-OCT-2000 Mileage at Failure(s) 3000 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE ON-BOARD DIAGNOSTICS SYSTEM FAILED. *SLC

CONTINUE ON BACK IF NEEDED

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.



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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of dashboard on driver's side)</small>	Vehicle Make KIA	Vehicle Model SEPHIA	Vehicle Year 2000	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CYL) 4 CYL No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07240000	Part Name(s) POWER TRAIN:TRANSMISSION:UNKNOWN TYPE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 07-OCT-2000 Mileage at Failure(s) 3000 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER FELT A SHAKE IN THE FRONT OF THE VEHICLE, DEALER BALANCED THE TIRES, REPLACED THE FRONT TIRES, AND LUBED THE FRONT END, NONE OF THIS REMEDIED THE PROBLEM, DEALER FINALLY FOUND CAUSE TO BE A FAULTY TRANSMISSION, HOWEVER NOW THAT THE NEW TRANSMISSION HAS BEEN REPLACED IT DOESN'T SHIFT PROBABLY, IT'S HESITATING, AND IT SLAMS INTO GEAR. *SLC

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Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CYL) 4 CYL No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 07-OCT-2000 Mileage at Failure(s) 3000 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

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Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**BRAKES FAILED SEVERAL TIMES. *SLC**

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