



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** §20

Date Received

10-JAN-2002

Od. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8001950

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>(Location at bottom of and/or side of dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>FILL IN PLEASE</b>	KIA TRUCK	SEDONA	2002			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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 Failure 4	Dates of Failure(s) 05-JAN-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 3200		
	Vehicle Speed at Failure(s)		

### 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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**DURING NORMAL OPERATION OF VEHICLE WHILE TRAVELING AT ANY SPEED ABS LIGHT ON INSTRUMENT PANEL WILL INTERMITTENTLY ILLUMINATE. ALSO, WHEN CONSUMER ATTEMPTS TO STOP VEHICLE BY APPLYING PRESSURE TO BRAKE PEDAL IT WILL FALL TO FLOORBOARD, AND BRAKE SYSTEM WILL FAIL TO ACTIVATE. COMPLETE BRAKE FAILURE HAS OCCURRED APPROXIMATELY FOUR TIMES, AND HAS NOT RESULTED IN A CRASH OR INJURY. DEALERSHIP CANNOT REPRODUCE THE PROBLEM TO DIAGNOSE THE VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.\*AK**

COPIES OF THIS FORM ARE:

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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>AGENCY USE ONLY</b> 920</p> <p>Received: 02 FEB 21 2002 05-JAN-2002</p> <p>Defect No. _____</p> <p>Od or _____ rt dt _____ ad rt _____ up tr _____</p> <p>Reference No. 8001950</p> <p>Work Num: _____ Rch Num: _____</p>
<p style="text-align: center;"><b>OWNER INFORMATION (Type or Print)</b></p> <p style="text-align: right;">733361</p>	

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

Signature of Owner: \_\_\_\_\_ Date: 1/23/02

VEHICLE INFORMATION					
<p style="text-align: center;"><b>FILL IN PLEASE</b></p>	<p>Vehicle Make: <b>KIA TRUCK</b></p>	<p>Vehicle Model: <b>SEDONA</b></p>	<p>Vehicle Year: <b>2002</b></p>	<p>Current Odometer: <b>3,681</b></p>	
<p>Purchase Date: <b>10-01</b></p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Dealer's Name: <b>Folger Buick, Kia</b></p> <p>City: <b>Charlotte</b> State: <b>NC</b> Zip Code: <b>28269</b></p>		<p>Engine Size (CID/CC/L): _____</p> <p>No. Cylinders: <b>6</b></p>	<p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type: <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes: <input checked="" type="checkbox"/> Yes</p>	<p>Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control: <input checked="" type="checkbox"/> Yes</p>	<p>Drive Type: <input checked="" type="checkbox"/> Front Wheel Drive</p>	<p>Vehicle Type: <input checked="" type="checkbox"/> Car</p>
<p>Body Style: <input checked="" type="checkbox"/> 4-Door Stationwagon</p>					

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component: <b>03250000</b></p>	<p>Part Name(s): <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b></p>	<p>Location: <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear</p>	<p>Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures: <b>4</b> <b>5 total</b></p>	<p>Date(s) of Failure(s): <b>05-JAN-2002</b> <b>6 Jan-12-02</b></p> <p>Mileage at Failure(s): <b>3200</b> <b>3400</b></p> <p>Vehicle Speed at Failure(s): _____</p>	<p>Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

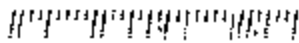
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)					
<p>Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured: <b>0</b></p>	<p>Number of Fatalities: <b>0</b></p>	<p>Estimated Property Damage: _____</p>	<p>Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

DURING NORMAL OPERATION OF VEHICLE WHILE TRAVELING AT ANY SPEED ABS LIGHT ON INSTRUMENT PANEL WILL INTERMITTENTLY ILLUMINATE. ALSO, WHEN CONSUMER ATTEMPTS TO STOP VEHICLE BY APPLYING PRESSURE TO BRAKE PEDAL IT WILL FALL TO FLOORBOARD, AND BRAKE SYSTEM WILL FAIL TO ACTIVATE. COMPLETE BRAKE FAILURE HAS OCCURRED APPROXIMATELY FOUR TIMES, AND HAS NOT RESULTED IN A CRASH OR INJURY. DEALERSHIP CANNOT REPRODUCE THE PROBLEM TO DIAGNOSE THE VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-57. 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.



U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 Information Management Staff NSA-10.01  
 400 7th Street, SW  
 Washington, DC 20590

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

**BUSINESS REPLY MAIL**  
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

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



U.S. G.P.O. 1992-820-9071-8029

The dealer could not find any problems and could not reproduce the problem. They said the van was in perfect operating condition. We picked it up and the ABS light came on and the brakes failed again. The dealer put it back in the shop and found a cylinder bad and loose wire connections and burned up wires. They ordered new parts and hopefully, it is now fixed.

FOLD TO SHOW RETURN ADDRESS (NO STAMP NEEDED) FASTEN WITH TAPE OR STAPLE AND MAIL									
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)									
TIRE IDENTIFICATION NO. *									
DOT		MANUFACTURER/TIRE NAME		SIZE					
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the sidewall or on either side of a blackwall tire.									
NARRATIVE DESCRIPTION (CONTINUED)									