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 252	
Date Received	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
15-JAN-2002	Reference No. 8002257

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
KNDJA723825112732	KIA	SPORTAGE	2002	

Purchase Dat				
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 14-JAN-2002 Mileage at Failure(s 1400 Vehicle Speed at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

CONSUME R WAS TRAVELING ABOUT 15MPH, COMING OFF OF OFF RAMP ON THE HIGHWAY, AND ANOTHER VEHICLE WAS MOVING IN SAME DIRECTION, AN DIT COLLIDED WITH CONSUMER'S VEHICLE. UPON IMPACT, AIRBAGS DIDN'T GO OFF. DEALERSHIP WAS AWARE OF PROBLEM. *AK

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 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.

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

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received: 15-JAN-2002
2002 FEB 27 AM 9:0
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No. 8002257

Work Number
Home Numb

733866

OWNER INFORMATION (Type or Print)

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of au[redacted] your name and address to the vehicle manufacturer?

Signature of Owner [redacted] Date 1/30/02

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KNDJA723825112732	KIA	SPORTAGE	2002	1400

Purchase Date
☒ New ☐ Used

Dealer's Name Harris Kia
City Lansdale State PA Zip Code

Engine Size (CID/CC/L)
No Cylinders 4

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

Transmission Type: ☐ Manua ☐ Automatic

Antilock Brakes: ☐ Yes ☒ No

Restraint System: ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag

Cruise Contro: ☒ Yes ☐ No

Drive Tra: ☐ Front ☐ Rear ☒ 4-Wheel

Vehicle Type: ☐ Car ☒ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other

Body Style: ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck - SUV

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT	☐ Left ☒ Front ☐ Right ☐ Rear	☒ Original ☐ Replacemen

No of Failures

Date(s) of Failure(s) 14-JAN-2002
Mileage at Failure(s) 1400
Vehicle Speed at Failure(s) 15 - 20 mph

Failed Part(s): ☒ Yes ☐ No

NHTSA Previously: ☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☐ No	1	0	0	☒ Yes ☐ No

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*AK

Vehicle was moving towards me / not in the same direction

CONTINUE ON BACK IF NEEDED

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