



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 758

Date Received

25-JAN-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8002870

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 above windshield)</small> ADD	Vehicle Make KIA	Vehicle Model SEPHIA	Vehicle Year 2000	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
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 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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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 _____	Body Style <input type="checkbox"/> 2-Door <input 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 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	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	Dates of Failure(s) 15-JAN-2002 Mileage at Failure(s) 18800 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 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)

WHEN BRAKING THERE WOULD BE VIBRATION, AND PEDAL FELT SOFT. DEALER DETERMINED FRONT ROTORS NEED REPLACING. THEY WERE WORN SO BADLY THAT THEY WERE NOT ABLE TO BE TURNED.*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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 758</p> <p>Received 27 JAN 2002</p> <p>DEFECTS OFFICE INVESTIGATION</p>
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 735739</p>	<p>Od_or _____ rt_dt _____ od_rt _____ up_lr _____</p> <p>Reference No. 8002870</p>

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: [Redacted] Date: 2/4/02

<p>VEHICLE INFORMATION</p>				
Vehicle ID# (VIN) (Under front windshield on driver's side) ADD KNAFB12165880617	Vehicle Make SEPHIA	Vehicle Model 2003	Vehicle Year 2003	Current Odometer Reading 18800
Purchase Date 10/02/2000	Dealer's Name DUTCH MILLER KIA	City Huntington	State WV	Zip Code 25904
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used 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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Jlt <input type="checkbox"/> Van <input type="checkbox"/> Truck <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 <input type="checkbox"/> Truck

<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
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No of Failures	Date(s) of Failure(s) 15-JAN-2002	Mileage at Failure(s) 18800	Vehicle Speed at Failure(s)
Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage NONE	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHEN BRAKING THERE WOULD BE VIBRATION, AND PEDAL FELT SOFT. DEALER DETERMINED FRONT ROTORS NEED REPLACING. THEY WERE WORN SO BADLY THAT THEY WERE NOT ABLE TO BE TURNED.*AK

Continued on back if needed

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