

U.S. Department  
of TransportationNational 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

02-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

857806

 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>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KNDJD6232X557554	KIA	SPORTAGE	1999	

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 Injection
<input type="checkbox"/> New <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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	Part Name(s)	Location	Failed Part(s)
03200000 10121000 10320000	BRAKES:HYDRAULIC SYSTEM VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE VISUAL SYSTEMS:WINDSHIELD WASHER	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 12500 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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## 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE IS DEFECTIVE. BRAKES SYSTEM WAS REPLACED THREE TIMES. WHEN THE CONSUMER APPLIED BRAKES VEHICLE PULLED TO THE LEFT, AND THERE WAS BRAKE DUST INSIDE THE BRAKES. ALSO, POWER WINDOWS WOULD NOT GO ALL THE WAY, THERE WAS A SPACE BETWEEN THE WINDOW AND TRACK/ WINDSHIELD WASHER DIDN'T WORK, AND CONSUMER HAD A BLOWOUT, THE BACK TIRES SPLIT IN HALF. ONE HALF WAS ON THE RIM, AND THE OTHER HALF WAS JUST HANGING. ^AK

CONTINUED ON BACK (REVERSE)

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.

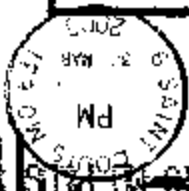
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 252 Date Received <u>02-MAR-2000</u> OFFICE EFFECTS INVESTIGATION No. <u>857806</u></p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Work Num [REDACTED] Home Num [REDACTED]</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an [REDACTED] provide your name and address to the vehicle manufacturer. Signature of Owner [REDACTED] Date <u>3/30/00</u></p>					
<p align="center"><b>VEHICLE INFORMATION</b></p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>KNDJD6232X557554</u></p>		<p>Vehicle Make <u>KIA</u></p>	<p>Vehicle Model <u>SPORTAGE</u></p>	<p>Vehicle Year <u>1999</u></p>	<p>Current Odometer Reading <u>14,269</u></p>
<p>Purchase Date <u>5-17-99</u></p>	<p>Dealer's Name <u>Marty Cancilia</u> City <u>Florissant</u> State <u>MO.</u> Zip Code <u>63033</u></p>		<p>Engine Size (CID/CC/L) _____ No. Cylinders <u>4</u></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p><input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
			<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p>	<p>Body Style <input checked="" type="checkbox"/> Sport UR <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p><input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____</p>
<p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>					
<p>Component <u>0320000</u> <u>10121000</u> <u>10320000</u></p>	<p>Part Name(s) <u>fire-passenger seat</u> <u>BRAKES:HYDRAULIC SYSTEM</u> <u>VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE</u> <u>VISUAL SYSTEMS:WINDSHIELD WASHER</u></p>		<p>Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No. of Failures _____</p>	<p>Date(s) of Failure(s) <u>from 5-19-99 - 12-01-2000</u> Mileage at Failure(s) <u>12300</u> Vehicle Speed at Failure(s) <u>70 mi when tire split off the rim</u></p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p align="center"><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<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 _____</p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage <u>New tire &amp; wheel</u></p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center"><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>					
<p>VEHICLE IS DEFECTIVE. BRAKES SYSTEM WAS REPLACED THREE TIMES. WHEN THE CONSUMER APPLIED BRAKES VEHICLE PULLED TO THE LEFT, AND THERE WAS BRAKE DUST INSIDE THE BRAKES. ALSO, POWER WINDOWS WOULD NOT GO ALL THE WAY, THERE WAS A SPACE BETWEEN THE WINDOW AND TRACK/ WINDSHIELD WASHER DIDN'T WORK, AND CONSUMER HAD A BLOWOUT, THE BACK TIRES SPLIT IN HALF. ONE HALF WAS ON THE RIM, AND THE OTHER HALF WAS JUST HANGING. *AK The car has stranded me about 5 times - could not be started, was towed &amp; KIA has come to my house to jump start it. There is a 1-800-333-4KIA # (Roadside Assistance) I've called them minimal 5 times on record. Cancilia has replaced the battery.</p>					
<p>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>					

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Auto Safety Hotline, NEF-11 HL  
400 7th Street, SW  
Washington, DC 20590

POSTAGE WILL BE PAID BY NATH 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



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1st, after it stranded me twice they consented and  
anything wrong with it - Then it was told it was the battery,  
which I told them it wasn't the battery, I had the red  
in only 2 days when 1800 Kia came and jumped it. The  
1st time. Anyway the car continued to strand me  
it got it started by jammung the gear shut back & forth  
The very last time I left it at Concession. They had it  
for I don't know, could not find nothing wrong again, called  
me to come pick it up, it was getting harder to start  
but the crew to get it & Mr. Chandler called & said the  
car finally started up after he tried to start it one  
more time. The station was replaced, I just  
needed a letter stating it need to bring in the key to  
have a defect repair done. Her contact no may get in the  
full in person were however aware that could cause the engine  
to stall" guard from the letter it received 3-1-02

TIRE IDENTIFICATION NO.		DOT P20575R15		MANUFACTURER/TIRE NAME		KUMHO TIRES		SIZE		15"	
* 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 whitewall or on either side of a blackwall tire.											
NARRATIVE DESCRIPTION (CONTINUED)											