

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 120

Date Received

05-MAY-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

861529

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 or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KNDJA723DX5598718	KIA	SPORTAGE	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures 0	Date(s) of Failure(s) 06-APR-2000 Mileage at Failure(s) 10000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

AUTOMOBILE HAS BEEN STALLING EVER SINCE CONSUMER HAS HAD THE AUTOMOBILE. MECHANIC KEEPS SAYING THAT THEY ARE FIXING THE PROBLEM, BUT IT DOES NOT STOP VEHICLE FROM STALLING. *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 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 120</p> <p>Date: <u>05-MAY-2000</u></p> <p>00 JUN 20 PM 12:30 05-MAY-2000 OFFICE DEFECTS INVESTIGATION</p>		<p>Od. or ft. or od. rt up. ft.</p> <p>Reference No. 861529</p>		
OWNER INFORMATION (Type or Print)				Work Number		Home Number		
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of _____ provide your name and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		
Signature of Owner _____				Date: <u>5/15/00</u>				
VEHICLE INFORMATION								
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading			
KNDJA7230X5698718		KIA	SPORTAGE	1999	14,000			
Purchase Date <u>7/28/99</u>	Dealer's Name <u>Steve Castrucci</u>		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection				
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Cinti</u>	State <u>OH</u>	Zip code <u>45251</u>		No Cylinders <u>4</u>			
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Sport Utl <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 0E100000	Part Name(s) ENGINE		Location		Failed Part(s)			
			<input type="checkbox"/> Left <input type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement			
No of Failures 0	Date(s) of Failure(s) <u>08-APR-2000</u>		Mileage at Failure(s) <u>13000</u>	Vehicle Speed at Failure(s) <u>0</u>	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	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	0	0			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
<p>AUTOMOBILE HAS BEEN STALLING EVER SINCE CONSUMER HAS HAD THE AUTOMOBILE. MECHANIC KEEPS SAYING THAT THEY ARE FIXING THE PROBLEM, BUT IT DOES NOT STOP VEHICLE FROM STALLING. *AK This vehicle is not considered safe to drive because it has stalled on numerous occasions in the middle of acceleration while traveling at a moderate speed. Our vehicle has been taken back to the dealership (Steve Castrucci) a total of (4) four times for the ENGINE light coming on and stalling while driven; 2 recalls.</p>								
CONTINUE ON BACK IF NEEDED								
<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 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>								

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. SMULF2H358

DOT	398M52	MANUFACTURER/TIRE NAME	SIZE
		KIA DYNAMIC HANIKODIC	

* 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)

For hub bearings and seals 1 time, and 1 time for Air flow
 Wiring, 1 time for air conditioning not working properly,
 1 time possible oil leak, 1 time dome light, 1 time turn
 signal, 1 time in Dalton Georgia (Sales Kia) for the
 thermostat car ~~was not~~ and ~~was not~~ on the way to
 Jessup, GA, had to be towed and we were forced to
 spend the night until the repairs were completed the
 next day. ~~WE~~ NEED a vehicle that is more reliable
 and we feel that it's very unsafe to drive.

☆ U.S. G.P.O.: 1992 - 623-997 / 80096

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

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

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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

