



|  DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration | | Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | | FOR AGENCY USE ONLY 197 | |
|--|---|---|---|---|--|
| OWNER INFORMATION (Type or Print) [Redacted] | | Date Received 12-JAN-2001 | | Od_ or rt_dl _____ od_rt _____ up_ltr _____ | |
| Signature of Owner _____ | | Work Number _____ Home Number _____ | | Reference No. 878138 | |
| Signature of Owner _____ | | Date ____/____/____ | | Do you have an authorization from the manufacturer? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| VEHICLE INFORMATION | | | | | |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) KNDJA7230X5608079 | | Vehicle Make KIA | Vehicle Model SPORTAGE | Vehicle Year 1999 | Current Odometer Reading |
| Purchase Data <input type="checkbox"/> New <input checked="" 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 Injection | | Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Multibelt <input type="checkbox"/> 2-Point Belt | | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | |
| <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle | | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck | | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| Component 12111000 | Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT | | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures 0 | Date(s) of Failure(s) 14-DEC-2000 Mileage at Failure(s) 22000 Vehicle Speed at Failure(s) 35 | | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | | | |
| WHILE DRIVING ABOUT 35 MPH LOST CONTROL OF VEHICLE DUE TO A FROZEN SPOT. CRASHED VEHICLE INTO A GUARDRAIL, AND NEITHER AIR BAG DEPLOYED.*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. | | | | | |

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| OWNER INFORMATION (Type or Print) | | Date Received 12-JAN-2001 INVESTIGATION | Od. or rt. dt od. rt up. lr |
| [Redacted] 668586 | | Work Num [Redacted] Home Num [Redacted] | Reference No. 878138 |
| 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 authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer. | | | |
| Signature of Owner [Redacted] | | Date [Redacted] | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) KNDJA7230X5606079 | Vehicle Make KIA | Vehicle Model SPORTAGE | Vehicle Year 1999 |
| Current Odometer Reading | Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas No Cylinders _____ <input type="checkbox"/> Fuel Injection |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" 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 type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> 2-Door <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> 4-Door <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Other <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component 12111000 | Part Name(s) INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONTA | 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 Failures 0 | Date(s) of Failure(s) 14-DEC-2000 Mileage at Failure(s) 22000 Vehicle Speed at Failure(s) 35 | 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 1 | Number of Fatalities 0 |
| Estimated Property Damage | | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| WHILE DRIVING ABOUT 35 MPH LOST CONTROL OF VEHICLE DUE TO A FROZEN SPOT. CRASHED VEHICLE INTO A GUARDRAIL, AND NEITHER AIR BAG DEPLOYED. *AK The car hit a guard rail. My son hit his head. He was taken to the hospital by ambulance. The seat belts did not deploy. The passenger's side of the car was totally destroyed. If there had been a passenger in the car. | | | |
| CONTINUE ON BACK IF NEEDED | | | |
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