



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 858

Date Received

22-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

878762

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 dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
KNPJA7237X5604207	KIA	SPORTAGE	1999			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ 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 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 type="checkbox"/> Car <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07360000	Part Name(s) POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)	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	Date(s) of Failure(s) 20-DEC-2000 Mileage at Failure(s) 30 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

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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING TWICE IN LIGHT SNOW 4-WHEEL DRIVE UNIT KICK OUT OF GEAR SPONTAENOUSLY.
***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.

 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 858 Date Received <u>FEB - 6 2001</u> 22-JAN-2001 EFFECTS IN VES			
U.S. Department of Transportation National Highway Traffic Safety Administration		Od. or <u>40:36</u> up_itr Reference No. <u>878762</u>			
OWNER INFORMATION (Type or Print) [Redacted] 668532		Work Number <u>110</u> Home Number [Redacted]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>2/01/01</u>			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
<u>KNPJA7237X5604207</u>	<u>KIA</u>	<u>SPORTAGE</u>	<u>1999</u>	<u>30,469</u>	
Purchase Date <u>1-12-00</u>	Dealer's Name <u>HERB Chambers Kia</u>		Engine Size (CID/CC/L) <u>?</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Lynnfield</u> State <u>Ma</u> Zip Code <u>01940</u>		No Cylinders <u>4</u>		
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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbel <input type="checkbox"/> 2-Point Belt <input checked="" 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 checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Util <input type="checkbox"/> 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 Truck <input checked="" type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>07380000</u>	Part Name(s) <u>POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement		
No of Failures	Date(s) of Failure(s) <u>20-DEC-2000 ~ Jan 2 ~ Jan 10</u> Mileage at Failure(s) <u>30</u> Vehicle Speed at Failure(s) <u>15-20 40-45 15-20</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>WHILE DRIVING TWICE IN LIGHT SNOW 4-WHEEL DRIVE UNIT KICK OUT OF GEAR SPONTAENOUSLY. *AK Three times 4 wheel drive kick out forcing Vehicle into a 180 spin. I had to rent a vehicle after the third time in the shop unfortunately I had a horrible accident with the rental and totaled the car. my car should have been properly repaired the first time with <u>NON DEFECTIVE PARTS</u></p>					
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.					

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.*

MANUFACTURER/TIRE NAME

SIZE

* 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)

This vehicle is extremely UNSAFE AND IS MISREPRESENTED by KIA. THE HUBS sent to the dealer for replacement ARE defective now they ARE on back order. THIS problem ~~has~~ affected over 600 vehicles that I know of. I was injured in the rental along with my dog. My insurance adjuster also had a KIA with the EXACT SAME problem. Please look into this very UNSAFE ISSUE.

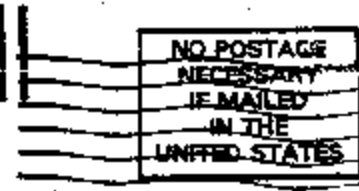
Thank you

* U.S.G.P.C. 1002-429-07/0000

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



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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

20590+0001



HERB CHAMBERS



Kia of Lynnfield
 385 Broadway, Rte 1 North
 Lynnfield, MA 01940
 781-596-0800
 www.herbchambers.com

Kia of Rehoboth
 533 Winthrop Street, Rte 44
 Rehoboth, MA 02769
 508-336-9799
 www.herbchambers.com

CUSTOMER NO. 10809	ADVISOR DAVE	FINO NO. 888	INVOICE DATE 12/28/00	INVOICE NO. K1CP27129
	LABOR RATE 6214	LICENSE NO.	COLOR GREEN	STOCK NO. K1895
	YEAR / MAKE / MODEL 99/KIA/SPORTAGE/UTILITY	MILEAGE 29324	DELIVERY DATE 01/10/00	DELIVERY MILES
	VEHICLE ID NO. KNDJA7237X5604207		SELLING DEALER NO.	PRODUCTION DATE
	P. I. E. NO.	P. O. NO.	R. O. DATE 12/28/00	MO: 28324
COMMENTS				

LABOR & PARTS		TECH(S):3067		WARRANTY
J# 1 47K1Z AXLE/DIFFERENTIAL CUST STATES THE 4WD IS INOP REPLACED WHEEL HUBS AND CLEARED VACUUM LINE				
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	0K083-04-500	HUB KIT	WARRANTY
JOB # 1	1	0K081-33-210	FREE WHEEL HUB-V	WARRANTY
JOB # 1	1	K99221-3020	PIN-SPLIT	WARRANTY
JOB # 1	1	K99221-4030	PIN-SPLIT	WARRANTY
JOB # 1	1	0K081-33-280	HOSE ASSY-VAC.	WARRANTY
JOB # 1 TOTAL PARTS				0.00
JOB # 1 TOTAL LABOR & PARTS				0.00
J# 2 10K1Z06 CHECK ENGINE LIGHT CUSTOMER STATES CHECK ENGINE LIGHT ON CHECKED FOR CODES, NONE STORED NO PROBLEM FOUND AT THIS TIME				
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2 TOTAL PARTS				0.00
JOB # 2 TOTAL LABOR & PARTS				0.00
J# 3 40K1Z BRAKES CUST STATES PULSATE WHEN APPLIED VEHICLE NEEDS FRONT PADS HAD ROTORS REPLACED CUSTOMER DECLINED REPAIR AT THIS TIME.				
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 3 TOTAL PARTS				0.00
JOB # 3 TOTAL LABOR & PARTS				37.50
MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # A	AER	ENVIRONMENTAL RECOVERY		1.88
TOTAL - MISC				1.88

*HAD BRAKES
 REPAIRED ELSE
 WHERE*

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HERB CHAMBERS



Kia of Lynnfield

385 Broadway, Rte 1 North
Lynnfield, MA 01940
781-596-0800
www.herbchambers.com

Kia of Rehoboth

533 Winthrop Street, Rte 44
Rehoboth, MA 02769
508-336-9799
www.herbchambers.com

CUSTOMER NO. 10800	ADVISOR DAVE	TAG NO. 807	INVOICE DATE 01/08/01	INVOICE NO. K10827012
	LABOR RATE 6214	LICENSE NO.	DELIVER DATE GREEN	DELIVER MILES K1995
	YEAR, MAKE, MODEL 2001 KIA SPORTAGE UTILITY	TRUCK # 30804	DELIVER DATE 01/10/00	PRODUCTION DATE
	VEHICLE # YNDJA7237X5604207		SELLING DEALER NO.	
	F. I. #	P. I. #	R. O. DATE 01/08/01	MO-30604
	COMMENTS			

LABOR & PARTS

JOB # 1 47422

AXLE/DIFFERENTIAL TECH(S)-3067
CUST STATES THE 4WD IS INOP
REPLACED FRONT HUBS AND REPAIRED WIRING FOR T.C.U.

WARRANTY

PARTS	QTY	PP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	1	KK133-18-741	VALVE SOL.		WARRANTY
JOB # 1	1	OK083-04-500	HUB KIT		WARRANTY
JOB # 1	2	K99221-3020	PIN-SPLIT		WARRANTY
JOB # 1	2	K99221-4030	PIN-SPLIT		WARRANTY

JOB # 1 TOTAL PARTS

0.00

JOB # 1 TOTAL LABOR & PARTS

0.00

TOTALS

*****	TOTAL LABOR	0.00
*****	TOTAL PARTS	0.00
* [] CASH [] CHECK CK NO. [] *	TOTAL SUBLET	0.00
* [] VISA [] MASTERCARD [] DISCOVER *	TOTAL G. O. G.	0.00
* [] AMER XPRESS [] OTHER [] CHARGE *	TOTAL MISC CHG.	0.00
*****	TOTAL MISC DISC	0.00
*****	TOTAL TAX	0.00
*****	TOTAL INVOICE \$	0.00

We thank you for your visit to Flagship Motorcars.

CUSTOMER SIGNATURE

Third invoice never received -
Did NOT TAKE CAR BACK!
CAR IS UNSAFE TO DRIVE!