



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 436

Date Received

28-FEB-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

881748

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> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| KNAFB1215X5783097 | KIA | SEPHIA | 1999 | |
| Purchase Date | Dealer's Name | Engine Size (CID/CC/L) | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | | |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train |
| <input checked="" 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| Vehicle Type | Body Style | | | |
| <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 _____ | <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 12111000 | Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT. | 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 | Date(s) of Failure(s) 28-FEB-2001 Mileage 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|---|

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

CONSUMER WAS TRAVELING ABOUT 25-30MPH. VEHICLE WAS CAUGHT IN A CHAIN REACTION ACCIDENT AND REARENDED ANOTHER VEHICLE. FRONTAL AIRBAGS DIDN'T DEPLOY. VEHICLE WAS TOTALLED. DEALER AND MANUFACTURER WILL BE CONTACTED.*AK

CONTINUE ON 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.



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)

FOR AGENCY USE ONLY 436
 Date Received: MAR 12 PM 2:28
 28-FEB-2001
 Reference No. 881748

OWNER INFORMATION (Type or Print)
 Work Number: [Redacted] 677345
 Home Number: [Redacted] 010-953-3302

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO
 Signature of Owner: [Redacted] Date: 3/10/01

VEHICLE INFORMATION
 Vehicle Identification No. (VIN): [Redacted]
 Vehicle Make: KIA
 Vehicle Model: SEPHIA
 Vehicle Year: 1999
 Current Odometer Reading: 100,000

Purchase Date: 3/10/00
 Dealer's Name: Boston City
 City: Goubran State: NH Zip Code: [Redacted]
 Transmission Type: Automatic Manual
 Restraint System: 3-Point Belt 2-Point Belt Motorbelt
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Body Style: 2-Door 4-Door Station Wagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component: 12111000
 Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT
 Location: [Redacted]
 Failed Part(s): Original Replacement
 Dates of Failure(s): 28-FEB-2001
 Mileage at Failure(s): 100,000
 Vehicle Speed at Failure(s): 30 mph

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)
 Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: 1
 Number of Fatalities: 0
 Estimated Property Damage: \$400,000
 Reported to Police: Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)
 CONSUMER WAS TRAVELING ABOUT 25-30MPH. VEHICLE WAS CAUGHT IN A CHAIN REACTION ACCIDENT AND REARENDED ANOTHER VEHICLE. FRONTAL AIRBAGS DIDN'T DEPLOY. VEHICLE WAS TOTALLED. DEALER AND MANUFACTURER WILL BE CONTACTED. *AK

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CONTINUE ON BACK IF NEEDED

