



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 796

Date Received
 07-MAR-2001

Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.
 882332

Work Number _____
 Home Number **770-484-8682**

OWNER INFORMATION (Type or Print)

ALEXIS DAVIS 678805
969 PALMER ROAD
LITHORNIA GA 30058

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>(If you are unable to provide the vehicle's VIN, please indicate the location of the VIN.)</small> N/A	Vehicle Make KIA	Vehicle Model SEPHIA	Vehicle Year 2000	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input 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 Injecto
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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"/> Motorbelt <input type="checkbox"/> 2-Point Bel	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	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 type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 03270000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	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) 01-OCT-2000 30 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 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)

BRAKES ARE NOT WORKING PROPERLY. WHEN CONSUMER FIRST NOTICED COULD HEAR BRAKES SCRAPING AGAINST EACH OTHER, LIKE METAL ON METAL. CONTACTED DEALER, AND DEALER CHANGED PADS AND ROTORS AT CONSUMER'S EXPENSE. *AK

CONTINUE ON REVERSE 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.

 U.S. Department of Transportation National 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 796 Date Received 07-MAR-2001		Od. or rt_dt _____ od_rt _____ up_itr _____	
OWNER INFORMATION (Type or Print) [Redacted] 678805				Reference No. 882332		Work Num [Redacted] Home Num [Redacted]	
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 11/31/01			
VEHICLE INFORMATION							
Vehicle Make KIA		Vehicle Model SEPHIA		Vehicle Year 2000		Current Odometer Reading 032514	
Purchase Date 08/99		Dealer's Name KIA Stone Mountain		Engine Size (CID/CC/L) No Cylinders 4		<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 Stone Mountain State GA Zip Code 30087		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 checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	
Body Style <input type="checkbox"/> 2-Door <input checked="" 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 03260000 03270000		Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	
No of Failures 2		Date(s) of Failure(s) 01-OCT-2000 Mileage at Failure(s) 30 Vehicle Speed at Failure(s) 110 mph		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input checked="" 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 0		Number of Fatalities 0	
Estimated Property Damage 0		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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