Form Approved: OMB No. 2127-0001

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 920

Date Received: **04-APR-2001**

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. **885013**

[redacted]

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.)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
KNDJA7235W5555572	KIA	SPORTAGE	1998	

Purchase Dat: ☒ New ☐ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L ____
No Cylinders _____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure

Date(s) of Failure(s) 10-AUG-1998
Mileage at Failure(s) 60000

Failed Part(s) ☐ Yes ☐ No

NHTSA Previously ☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

VEHICLE WILL NOT ACCELERATE UNDER NORMAL OPERATING CONDITIONS. DEALERSHIP HAS WORKED ON VEHICLE SEVERAL TIMES SINCE 1998, AND HAS NOT BEEN ABLE TO REPAIR VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ ATTACHMENTS.*AK

CONTINUE OTHER SIDE 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.

Form Approved: OMB No. 2127-0039

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 920

Date Received: 04-APR-2001

Od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. 885013

OWNER INFORMATION (Type or Print)

[redacted] 684491

Work Number [redacted]

Home N[redacted]

Do[redacted] your vehicle? [X] YES [ ] NO
In the absence of a[redacted]nd address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/18/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
[redacted]	KIA	SPORTAGE	1998	LESS THAN 67,000

Purchase Date: [X] New [ ] Used

Dealer's Name: Malloy's KIA
City ____ State ____ Zip Code ____

Engine Size (CID/CC/L) ____
No Cylinders 4
[ ] Turbo [ ] Diesel [ ] Gas [ ] Fuel Injection

Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
[ ] Manual [X] Automatic	[X] Yes [ ] No	[ ] 3-Point Belt [ ] Motorbelt [ ] Driverside Airbag [ ] 2-Point Belt [ ] Passengerside Airbag	[ ] Yes [X] No	[ ] Front [ ] Rear [ ] 4-Wheel	[ ] Car [ ] Sport Utl [ ] Van [ ] Truck [ ] Minivan [ ] Motorcycle [ ] Other ____	[ ] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up Truck [X] Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	[ ] Left [ ] Right [ ] Front [ ] Rear	[ ] Original [ ] Replacement

No. of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	10-AUG-1998 60000	[ ] Yes [ ] No	[ ] Yes [X] 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
[ ] Yes [X] No	[ ] Yes [X] No				[ ] Yes [X] No

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

VEHICLE WILL NOT ACCELERATE UNDER NORMAL OPERATING CONDITIONS. DEALERSHIP HAS WORKED ON VEHICLE SEVERAL TIMES SINCE 1998, AND HAS NOT BEEN ABLE TO REPAIR VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ ATTACHMENTS.*AK

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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
D O T		

* 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)

Since August 1998 I have had just about everything on this vehicle replaced thru factory warranty or Kia's Recalls. The vehicle has stalled or lost power on numeerous occasions in traffic and on interstate highways without any notices. Several 18 (eighteen) wheelers/Tractor trailers had to swerve to keep from running in the back of me while on I-95. The vehicle wouldn't go over 30mph when these failure/incident occures Malloy Kia has diagnosed the problem as: 1) Fuel Injector 2) Head gasket 3) Wiring harness 4) Transmission and 5) Major Tune-up. The problem still exist. The vehicle is a Death Trap, lemon and/or a manufactured defect.

☆ U.S. G.P.O.: 1992 – 629-697 / 60086

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

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)

(Page 1 through Page 31)

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SENDER

PS Form 3800, April 1995

9/8/98

[redacted]

Home phone # 703-445-1422
198 Black, Kia Sportage

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Security Interest: You are giving a security interest in the vehicle being purchased.
Contract: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date

contract. The amount and coverages are shown in a notice or agreement given to you on this date.

CONTRACT NUMBER	REFERENCE NUMBER	BRANCH NUMBER	PROCESSED BY
		01	mS /

SECURA MUTUAL INSURANCE SOCIETY, 1990, 92, 94, 96, 99, ALL RIGHTS RESERVED

MEMBER COPY

VS/1234 6449LL

[redacted]

CUSTOMER COPY

CUSTOMER WARRANTY COPY

MALLOY LINCOLN MERCURY, Inc.

Authorized

[redacted]

CUSTOMER WARRANTY COPY

[redacted]

[redacted]

CUSTOMER COPY

CUSTOMER COPY

[END OF INVOICE]

16:43:41

[redacted]

CUSTOMER COPY

[END OF INVOICE]

17:44:00