



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 117**

Date Received

20-APR-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

886400

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>KNDJB7Z30Y5672119</b>	<b>KIA</b>	<b>SPORTAGE</b>	<b>2000</b>			
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 Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 <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 type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) <b>BRAKES:HYDRAULIC SYSTEM</b>	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) 10-APR-2001 5	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) _____			

### 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 Damag	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)

**WAS DRIVING 5MPH AND PULLING INTO A PARKING SPOT, APPLIED THE BRAKES WHICH FAILED, AND VEHICLE DID NOT STOP. HAD TO SLAM ON BRAKES IN ORDER FOR VEHICLE TO SLOW DOWN AND THEN STOP.\*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.



**Vehicle Owner's Questionnaire (VOQ)**

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
www.nhtsa.dot.gov/hotline  
1-888-327-4236  
NATIONWIDE 1-888-DASH-2-DOT

**OWNER INFORMATION (Type or Print)**

687677

Reference No. 886400

Date Received \_\_\_\_\_  
Office DEFECTS INVESTIGATION  
20-APR-2001  
up, tr

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RECEIVED

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, your name and address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_  
Date 2/2/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) KNDJB730Y5672119  
Vehicle Make KIA  
Vehicle Model SPORTAGE  
Vehicle Year 2000  
Current Odometer Reading \_\_\_\_\_

Purchase Date \_\_\_\_\_  
Dealer's Name FRIENDLY KIA  
City NEWPORT  
State FL Zip code 34652  
Engine Size \_\_\_\_\_ (CID/CYL)  
No Cylinders \_\_\_\_\_  
Fuel Injection  Turbo  Diesel  Gas

Transmission Type  Automatic  Manual  
Antilock Brakes  Yes  No  
Restraint System  3-Point Belt  2-Point Belt  Motorbelt  
Cruise Control  Yes  No  
Drive Train  Front  Rear  4-Wheel  
Vehicle Type  Car  Van  Minivan  Other  Sport Util  Truck  Motorcycle  
Body Style  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
Component 03200000  
Part Name(s) BRAKES:HYDRAULIC SYSTEM  
Location  Front  Left  Right  Rear  
Failed Part(s)  Original  Replacement

No of Failures \_\_\_\_\_  
Date(s) of Failure(s) 10-APR-2001  
Mileage at Failure(s) 5  
Vehicle Speed at Failure(s) \_\_\_\_\_  
Failed Part(s) Available?  Yes  No  
NHTSA Previously Contacted?  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  Yes  No  
Fire  Yes  No  
Number of Persons Injured \_\_\_\_\_  
Number of Fatalities \_\_\_\_\_  
Estimated Property Damage \_\_\_\_\_  
Reported to Police  Yes  No

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

WAS DRIVING 5MPH AND PULLING INTO A PARKING SPOT, APPLIED THE BRAKES WHICH FAILED, AND VEHICLE DID NOT STOP, HAD TO SLAM ON BRAKES IN ORDER FOR VEHICLE TO SLOW DOWN AND THEN STOP. AK

RECEIVED  
01 SEP - 8 - AM  
OFFICE INVESTIGATION  
DEFECTS INVESTIGATION

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