



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 252**

Date Received

21-MAY-2001

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

Reference No.

888799

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 <b>KIA</b>	Vehicle Model <b>SPECTRA</b>	Vehicle Year <b>2000</b>	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" 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 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 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 <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 type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 12111000	Part Name(s) <b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.</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 <b>0</b>	Date(s) of Failure(s) 12-APR-2001 Mileage at Failure(s) _____ 0	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 2	Number of Fatalities 0	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)

**CONSUMER WAS TRAVELING ABOUT 40MPH AND ANOTHER VEHICLE JUMPED IN FRONT OF CONSUMER'S VEHICLE. SHE HIT OTHER VEHICLE ON THE SIDE, AND DUAL AIRBAGS DIDN'T DEPLOY. THERE WERE INJURIES. \*AK**

CONFIDENTIAL - NHTSA

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.

 <p>DOT Auto Safety Hotline          L.S. Department of Transportation          National Highway Traffic Safety Administration</p>		<p>Vehicle Owner's Questionnaire (VOQ)          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 252</b></p> <p>Date Received          RECEIVED          21-MAY-2001 3:03          OFFICE OF SAFETY EFFECTS INVESTIGATION</p>		<p>Od_or _____          rt_dt _____          pd_rt _____          up_itr _____</p>	
<p>OWNER INFORMATION (Type or Print)</p>						<p>Reference No.          888799</p>	
<p>Signature of Owner _____</p>						<p>Work _____          Home _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?          In the absence of an address to the vehicle manufacturer.</p>						<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Signature of Owner _____</p>						<p>Date 6/11/01</p>	
<p align="center"><b>VEHICLE INFORMATION</b></p>							
<p>Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)          KNAFB16S4S210700</p>		<p>Vehicle Make          KIA</p>	<p>Vehicle Model          SPECTRA</p>	<p>Vehicle Year          2000</p>	<p>Current Odometer Reading          88600</p>		
<p>Purchase Date          11/2000</p>	<p>Dealer's Name _____</p>		<p>Engine Size (CID/CC/L) _____</p>		<p><input type="checkbox"/> Turbo  <input type="checkbox"/> Diesel  <input checked="" type="checkbox"/> Gas  <input type="checkbox"/> Fuel Injection</p>		
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>No Cylinders _____</p>				
<p>Transmission Type  <input checked="" type="checkbox"/> Manual  <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p>Restraint System  <input type="checkbox"/> 3-Point Belt  <input checked="" type="checkbox"/> Driverside Airbag  <input checked="" type="checkbox"/> Passengerside Airbag  <input type="checkbox"/> Motorbelt  <input checked="" type="checkbox"/> 2-Point Belt</p>		<p>Cruise Control  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>	<p>Drive Train  <input checked="" type="checkbox"/> Front  <input type="checkbox"/> Rear  <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type  <input checked="" type="checkbox"/> Car  <input type="checkbox"/> Van  <input type="checkbox"/> Minivan  <input type="checkbox"/> Other</p>	<p>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 _____</p>
<p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
<p>Component          12111000</p>	<p>Part Name(s)          INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</p>		<p>Location  <input type="checkbox"/> Left  <input type="checkbox"/> Front  <input type="checkbox"/> Right  <input type="checkbox"/> Rear</p>		<p>Failed Part(s)  <input checked="" type="checkbox"/> Original  <input type="checkbox"/> Replacement</p>		
<p>No. of Failures          0</p>	<p>Date(s) of Failure(s) 12-APR-2001</p>		<p>Mileage at Failure(s) _____</p>		<p>Vehicle Speed at Failure(s) _____</p>	<p>Failed Part(s) Available?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center"><b>APPLICATION INCIDENT INFORMATION</b>          (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured          2</p>	<p>Number of Fatalities          0</p>	<p>Estimated Property Damage          8,000</p>		<p>Reported to Police  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p align="center"><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>							
<p>CONSUMER WAS TRAVELING ABOUT 40MPH AND ANOTHER VEHICLE JUMPED IN FRONT OF CONSUMER'S VEHICLE. SHE HIT OTHER VEHICLE ON THE SIDE, AND DUAL AIRBAGS DIDN'T DEPLOY. THERE WERE INJURIES. <del>NO</del> YES</p>							
<p align="right">CONTINUE ON BACK IF NEEDED</p>							
<p>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.</p>							