



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
 DC METRO AREA (202) 366-6123
 INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

Form Approved; O.M.B. No. 2127

FOR AGENCY USE ONLY

Date Received 5-9-00	Order _____
Reference No. _____	of _____
	of _____
	of _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

Manufacturer of your vehicle: _____ SIGNATURE OF OWNER _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) KDNJB07233X5604962	VEHICLE MAKE Kia	VEHICLE MODEL Sportage	MANUFACTURE DATE	MODEL YEAR 1999
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input checked="" type="radio"/> Other Kia <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0
PURCHASE DATE 5-99	DEALER'S NAME Autosmart Kia	CITY Memphis	STATE TN	ZIP CODE
ENGINE SIZE (CID/CC/L) NO. CYLINDERS 4	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No
			RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Seat <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3 Point Belt	CRUISE CONTROL <input checked="" type="radio"/> No

DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input checked="" type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input checked="" type="radio"/> Sport Utility <input type="radio"/> Motorcycle	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input checked="" type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick-Up Truck <input type="radio"/> Stationwagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Controlling System <input type="radio"/> Equipment <input checked="" type="radio"/> Fuel System - Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE SEE Notes	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT	<input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> No	

APPLICABLE 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="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Nuts <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Loose <input type="radio"/> Cut/Torn <input type="radio"/> Shriv <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Followed <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩		

PLEASE DO NOT WRITE IN THIS AREA



00734

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

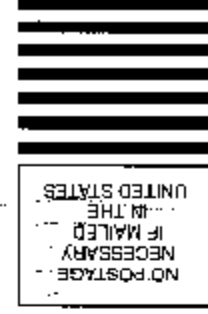
Dealer is not being cooperative in repairing vehicle based on Kia Motors Recall Notice. Several Attempts to get fixed dealer will not schedule an appointment for repairs.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-502 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 responses 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 nonpunitive enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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Form 350 (Rev. 8/83)



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

Complete and return of this form to the address above. Do not use for car manual for future use.



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline