



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

## ODI RESUME

Investigation: RQ 03-006  
 Prompted By: IE03-032, EA99-034, RECALL 00V-175  
 Date Opened: 08/15/2003 Date Closed: 02/03/2004  
 Principal Investigator: Bruce York-B  
 Subject: Refueling Spit Back

Manufacturer: KIA Motors America, Inc.  
 Products: 1998 - 2001 KIA Sephia  
 Population: 245990

Problem Description: During refueling, gasoline allegedly may spit back out of the fuel filler pipe onto the consumer.

### FAILURE REPORT SUMMARY

	ODI	Manufacturer	Total
Complaints:	21	10	31
Crashes/Fires:	0	0	0
Injury Incidents:	0	0	0
# Injuries:	0	0	0
Fatality Incidents:	0	0	0
# Fatalities:	0	0	0
Other*:	0	191	191

\*Description of Other: Warranty Claims

Action: This preliminary evaluation has been upgraded to an engineering analysis.

Engineer: Bruce York / *SBY 2/4/04*

Date: 02/03/2004

Div. Chief: Jeffrey L. Quandt


Date: 02/03/2004


Office Dir.: Kathleen C. DeMeter


Date: 02/03/2004


Summary: In June 2000, KIA notified ODI of a defect condition in approximately 100,000 my 1998-99 Sephia passenger vehicles manufactured from October 17, 1997 to May 16, 1999, that could result in fuel spit back while refueling (ea99-034, recall 00v-175). According to KIA, manufacturing changes made to the onboard refueling vapor recovery (ORVR) valve could cause fuel shut off before the tank reached 95% of nominal capacity during refueling. KIA stated that if the consumer then attempted to add more fuel to the tank, fuel spillback or spitback from the fuel filler neck could occur. KIA replaced the ORVR valves in the recalled vehicles. ODI has received 16 complaints of fuel spit back on vehicles that have received the recall and 5 complaints on vehicles that were not covered by the recall. KIA has identified 2 fuel spit back complaints on vehicles that were recalled and 8 complaints on vehicles not covered by the original recall. KIA has also provided warranty information showing 191 claims potentially related to fuel spitback on non-recalled vehicles. ODI has upgraded its investigation to an engineering analysis to further assess the scope, frequency, and trend of the fuel spitback risk associated with the alleged defect in the subject vehicles.


*WJT  
02/04/04*


 <p><b>U.S. Department of Transportation</b> National Highway Traffic Safety Administration</p>		<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4238) INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 778	
		Date Received 04-JUN-2001		Repository <input type="checkbox"/> Reference No. 561454	
<b>OWNER INFORMATION (Type or Print)</b>					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
BOONVILLE	NY				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date 6/1/01					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number located at bottom of windshield on driver's side			Make KIA	Model SEPHIA	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 063100 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM; EMISSION		
			Multiple Failure: 2		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 28-NOV-2000	Failure Mileage	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
PRIOR TO RECALL #00V175, CONSUMER WAS EXPERIENCING PROBLEMS WITH FUEL COMING BACK OUT OF TANK AFTER FUELING, THE VALVE WAS REPLACED ONCE, CONSUMER THEN MADE AN APPOINTMENT AND WHEN SHE ARRIVED SHE WAS INFORMED THAT THE SERVICE COULD NOT BE COMPLETED BECAUSE THERE WAS ONE-EIGHTH OF A TANK TOO MUCH GAS IN HER TANK, ANOTHER APPOINTMENT WAS THEN MADE TO HAVE THE ORVR VALVE REPLACED, LATER ON THAT DAY CONSUMER WAS INFORMED AFTER HAVING BEEN TOLD THAT VEHICLE WOULD BE READY THAT THE PART WAS NOT IN STOCK AND IT HAD TO BE ORDERED.*1B					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
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 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><b>U.S. Department of Transportation</b> National Highway Traffic Safety Administration</p>		<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects</p> <p>1-888-DASH-2-DOT (1-888-327-4236)</p> <p>INTERNET <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a></p>		FOR AGENCY USE ONLY 1058	
		Date Received  05-SEP-2001		Repository <input type="checkbox"/>  Reference No. 562947	
<b>OWNER INFORMATION (Type or Print)</b>					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
REYNOLDS	IN				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date <u>  </u> / <u>  </u> / <u>  </u>					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make KIA	Model SEPHIA	Model Year 1999
Date Purchased 01-OCT-00	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE STORAGE; TANK ASSEMBLY		
			Multiple Failure: 2		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
THE VEHICLE'S GAS TANK WAS DEFECTIVE AND WAS ON RECALL, THE DEALER ATTEMPTED TO FIX THE PROBLEM BUT THE TANK WAS STILL SPITTING GAS OUT WHEN FILLING GAS, CONSUMER WAS INFORMED BY DEALER THAT THERE IS NO SOLUTION TO THE PROBLEM. *YH					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>					
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		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258	
		Date Received 08-APR-2001	Repository <input type="checkbox"/>		Reference No. 743721
<b>OWNER INFORMATION (Type or Print)</b>					
Name			Daytime Telephone Number		E-mail Address
Address					
City	State	Zip Code	Evening Telephone Number		
EUGENE	OR				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>  /  /  </u>					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number located at bottom of windshield on driver's side KNAFBL215W5743603		Make KIA	Model SEPHIA	Model Year 1998	
Date Purchased 01-OCT-98	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 034500 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 3		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 01-NOV-1998	Failure Mileage	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code		Tire Failure Type			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
NUMEROUS PROBLEMS - NOT STARTING/ BRAKES NEED TO BE REPLACED SEVERAL TIMES/ SHIMMIES BETWEEN 15-45 MPH, I HAD TO HAVE MY TIRES REPLACED PREMATURELY/ HAS HORRIBLE RATTLE/GAS TANK SPILLING GAS AND GAS NEVER SHOWING FULL/DEALER NEVER COOPERATIVE CAN NEVER FIND PROBLEM UNTIL A RECALL OR CAR HAS TO BE TOWED. THEY HAD MY CAR FOR 6 WEEKS AND COULDN'T FIGURE OUT WHAT WAS CAUSING SHIMMY PROBLEM IT HAS BEEN ALMOST A YEAR. I AM ABOUT TO CONTACT ATTORNEY TO SUE DEALER AND MANUFACTURE. PLEASE DO SOMETHING ABOUT THESE CARS THEY ARE A HAZARD TO THE CONSUMER!!!!*AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>					
<small>The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.</small>					

 <p style="text-align: center;"><b>Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>                  NATIONWIDE 1-800-424-9393                  DC METRO AREA (202) 368-0123                  INTERNET: <a href="http://www.nhtsa.dot.gov">http://www.nhtsa.dot.gov</a></p>		<b>FOR AGENCY USE ONLY 1352</b>	
<b>OWNER INFORMATION (Type or Print)</b>  740312  BALTIMORE MD		Date Received  25-FEB-2002	Od_or _____ Rt_dt _____ Od_rt _____ Up_Hr _____
		Reference No.  8004464	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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 _____ Date ____/____/____	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make  KIA	Vehicle Model  SEPHIA	Vehicle Year  1999
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 Injecto	
Transmission Type  <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes  <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System  <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control  <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style  <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component 08110000	Part Name(s) FUEL:FUEL TANK ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICATION INCIDENT INFORMATION</b> <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>			
Crash  <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire  <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damage	Reported to Police  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)</b>			
WHILE PUMPING SMALL AMOUNT OF FUEL IN TANK GAS WILL SEEMS OVER FLOWING AND SPILL.*AK			
CONTINUE ON BACK IF NEEDED			
<p style="font-size: x-small;">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>			

 <b>U.S. Department of Transportation</b> <b>National Highway Traffic Safety Administration</b>		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		FOR AGENCY USE ONLY 100148		
		Date Received 25-AUG-2003		Repository <input type="checkbox"/> Reference No. 10033451		
<b>OWNER INFORMATION (Type or Print)</b>						
Name		Daytime Telephone Number		E-mail Address		
Address						
City COLUMBUS		State GA	Zip Code			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.						
Signature of Owner		Date				
<b>VEHICLE INFORMATION</b>						
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KNAFB1214XS7B4340			Make KIA	Model SEPHIA	Model Year 1999	
Date Purchased 07-FEB-03		Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>		Dealer's City	State	Zip Code		
Transmission Type AUTOMATIC		<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY		
				Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
Incident Date(s) 23-FEB-2003	Failure Mileage	Failure Speed				
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>						
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM1SABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code				Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>						
Make:		Date Manufactured:		Model No./Name:		
Seat Type:		Installation System:				
Child Seat Component Code:		Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)						
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 Deaths	Reported to Police N		
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).						
I HAVE A 1999 KIA SEPHIA THAT WAS PURCHASED USED. AFTER CALLING THE KIA CUSTOMER SERVICE NUMBER I WAS INFORMED ON THE RECALL CONCERNING THE FUEL TANK. MY PERSONAL PROBLEM WITH THE FUEL TANK WAS THE "SPITTING OUT" OF FUEL WHEN ATTEMPTING TO FILL UP THE GAS TANK. I TOOK THE CAR IN TO THE COLUMBUS, GA KIA AUTOSPORT WHERE THEY FIXED THE RECALL ISSUE AND STATED THAT I SHOULD NO LONGER HAVE THE ISSUE WITH GAS RUNNING OUT WHEN TRYING TO FILL THE TANK. AFTER THE RECALL WAS FIXED, I WENT TO PUT GAS IN MY CAR AND THE ISSUE STILL EXISTED. AFTER TAKING THE CAR BACK I WAS TOLD THAT THE ISSUE HAD BEEN REPAIRED TWICE AND THE MANUFACTURER WOULD NOT ALLOW THEM TO REPAIR AGAIN. I WAS ALSO TOLD DIFFERENT THINGS TO DO WHEN PUMPING FUEL IN ORDER TO KEEP THE PROBLEM FROM HAPPENING. THE ISSUE STILL EXISTS. THE PAINT BELOW AND AROUND THE AREA IN WHICH YOU DISPENSE FUEL IS BEGINING TO FADE AWAY DUE TO GAS RUNNING DOWN THE SIDE OF THE CAR WHEN FILLING THE TANK. THERE WAS ALSO AN ONGOING ISSUE WITH THE CAR SMOKING. THE SERVICE CENTER SAID THAT IT WAS THE SHORT BLOCK OF THE ENGINE AND REPLACED THAT, BUT THE CAR CONTINUES TO SMOKE. AFTER READING MORE ON THE RECALL I AM CURIOUS AS TO WHETHER ENGINE PROBLEMS CAN BE A AFFECT OF THE FUEL RECALL ISSUE NOT BEING PROPERLY TAKEN CARE OF. THE SERVICE CENTER NEVER CHECKED TO SEE IF THERE WERE ANOTHER ISSUE AS TO WHY THE FUEL CONTINUES TO RUN OR "SPIT" OT WHEN FILLING THE TANK. THE DATE PLACED IN "						
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY			
<small>The Privacy Act of 1974-Public Law 93-509 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. 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.</small>						

 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 100148	
		Date Received 22-OCT-2003		Repository <input type="checkbox"/> Reference No. 10043380	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address					
City GREEN BAY		State WI	Zip Code		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date 1/1/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make KIA	Model SEPHIA	Model Year 1999	
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders 4	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 072000 FUEL SYSTEM, GASOLINE DELIVERY		
Multiple Failure: 10					
<b>FAILED COMPONENT(S) / PART(S) INFORMATION</b>					
Incident Date(s) 01-OCT-2003	Failure Mileage	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM13ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
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 Deaths 0	Reported to Police Y	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
FUEL SPIT BACK FROM FILLER SPOUT: WHEN TRYING TO ADD FUEL, THE FUEL SPITS BACK OUT AT YOU. IT'S NOT JUST A LITTLE BIT, BUT ENOUGH TO SOAK YOUR CLOTHING, THE SIDE OF YOUR CAR, ETC. THIS IS A MAJOR SAFETY ISSUE THAT IS BEING SHUNTED BY KIA CORP. ON THIS VEHICLE, THE RECALLED VALVE WAS REPLACED, THEN REPLACED AGAIN. THIS DID NOT SOLVE THE SPIT BACK PROBLEM. I CALLED KIA DIRECTLY AND THEY TOLD ME THAT THEY DID NOT KNOW WHAT THE PROBLEM COULD BE THAT I WOULD HAVE TO BRING IT TO A KIA DEALER. I TOLD THEM THAT WITH ALL THE COMPLAINTS THAT ARE ON THIS SITE AND MOST LIKELY, MANY OTHERS, THAT THEY MUST KNOW. THEY SAID NO, BRING IT TO A DEALER. THEY ALSO TOLD ME TO LET THEM KNOW WHEN IT WOULD BE THERE AND THEY WOULD CALL THE DEALER TO VERIFY THE PROBLEM. THIS WAS A MONETARY SET UP IN MY OPINION.... I BROUGHT THE VEHICLE TO THE DEALER, THEN THE DEALER CALLED ME AND TOLD ME THE CAR NEEDED A GAS TANK, I ASKED THEM WHAT WAS WRONG WITH THE ORIGINAL ONE. THEY TOLD ME THAT IT WAS FUNNY THAT KIA CALLED THEM FIRST THING IN THE MORNING AND TOLD THEM THAT IT NEEDED A GAS TANK. THERE IS A VALVE THAT IS MOST LIKELY TO MALFUNCTION AND THAT THERE IS NO REPAIR OTHER THAN TO REPLACE IT. A BAD VALVE DOES MAKE SENSE AND ALSO THE WAY KIA INFORMED THE DEALER OF THE PROBLEM. THEY TOLD ME THEY DIDNT KNOW, YET THEY TOLD THE DEALER THE FIX, AND ALSO, I GOT CHARGED \$ 95.00 FOR 1 HOUR LABOR.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. 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**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FDR AGENCY USE ONLY 100148

Date Received

22-OCT-2003

Repository

Reference No.  
10043394

**OWNER INFORMATION (Type or Print)**

Name

Address

City ACWORTH

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 1 / 1 /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located at bottom of windshield on driver's side  
KNAPB121DW5735652

Make KIA

Model SEPHIA

Model Year 1998

Date Purchased

Dealer's Name and Telephone Number

Engine:  
No. Cylinders

Fuel Type:  
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type  
AUTOMATIC

Antilock Brakes  
 Cruise Control

Powertrain  
FRONT WHEEL DRIVE

Vehicle Component Code  
071100 FUEL SYSTEM, GASOLINE-STORAGE:TANK ASSEMBLY

Multiple Failures: 1

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

Incident Date(s)  
12-JUN-2003

Failure Mileage  
48000

Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes  No

Yes  No

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I PAID TO HAVE THIS PROBLEM FIXED BUT I PROBABLY SHOULDN'T HAVE HAD TO. WHEN REFUELING MY 1998 KIA SEPHIA, THERE WAS A SMALL AMOUNT OF GASOLINE THAT WOULD SPILL ON THE GROUND UNDER THE FUEL TANK—WHETHER I COMPLETELY FILL THE VEHICLE OR SIMPLY PUT A GALLON OR TWO IN THE TANK. I COULD NOT PUT MY CAR IN THE GARAGE AT NIGHT BECAUSE I WAS AFRAID THAT THE GAS WATER HEATER WOULD CAUSE AN EXPLOSION—THE LINGERING FUMES WOULD EXIST FOR A DAY OR TWO AFTER EACH VISIT TO THE GAS PUMP. \*LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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