



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

NOV 10, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Robert Babcock
Manager, Government Affairs
Hyundai America Technical Center, Inc.
5075 Venture Drive
Ann Arbor, MI 48108

NVS-212lbs
RQ03-007

Dear Mr. Babcock:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Recall Query (RQ03-007) to investigate the adequacy of the scope of a prior safety recall of certain Kia Sportage and Sephia vehicles. The recall action replaced the front safety belts in Model Year (MY) 1995-1998 Kia Sportage and Sephia models due to a "false latch" condition in the buckle. NHTSA was notified of the prior recall by your letter dated August 16, 2002, and the specifics of the campaign were delineated in Kia Technical Service Bulletin No. 027, dated December 2002. NHTSA identified the previous recall as Campaign No. 02V-216. As part of this investigation, this letter requests certain information.

This office has received nine (9) consumer complaints that allege incomplete or false latch of the subject safety belt buckles installed in Kia Sephia and Sportage vehicles manufactured after the production dates covered under NHTSA Campaign No. 02V-016. Copies of these consumer complaints were provided to Kia by FAX on October 22, 2003.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** MY 1999-2001 Kia Sephia and MY 1999-2002 Kia Sportage vehicles manufactured for sale or lease in the United States.
- **Subject Components:** Original equipment front (driver and passenger) safety belt buckle assemblies installed in the subject vehicles.
- **KIA:** Kia Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Kia (including all business units and persons previously referred to), who are or, in or after 1994, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** The unintended release of the front safety belt due to a false latch condition that may allegedly exist in the buckle assemblies.
 - **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Kia, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document, which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available,

"document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Kia has previously provided a document to ODI, Kia may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Kia's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the numbers of subject vehicles manufactured by Kia for sale or lease in the United States.
2. State the number of each of the following, received by Kia, or of which Kia is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Property damage claims;
 - e. Third-party arbitration proceedings where Kia is or was a party to the arbitration; and,
 - f. Lawsuits, both pending and closed, in which Kia is or was a defendant or codefendant.

For subparts "a" through "c," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately.

(i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and Kia's assessment of the problem, with a summary of the significant underlying facts and evidence. For item "f", identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. For each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. Kia's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any; and,
 - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA."

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Kia used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Kia to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. Kia's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;

- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
 - g. Labor operation number;
 - h. Problem code;
 - i. Replacement part number(s) and description(s);
 - j. Concern stated by customer; and,
 - k. Comment, if any, by dealer/technician relating to claim and/or repair.
6. Describe in detail the search criteria used by Kia to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Kia on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) related to the alleged defect that Kia offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
 7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Kia has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication in the above categories that Kia is planning to issue within the next 120 days.
 8. State the engineering and corresponding service part number(s) of the subject front safety belt and buckle assemblies installed in each MY and model of the subject vehicles. Also state separately, the engineering and corresponding service part number(s) of the front safety belt and buckle assemblies installed in each MY and model of the MY 1995-1998 Kia Sephia and Sportage vehicles recalled in Kia's safety defect campaign of August 15, 2002. Identify by name and address, suppliers of all original equipment front safety belt/buckle assemblies for each of the engineering and service part numbers stated above.
 9. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for Kia. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and,

- f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

10. Describe in chronological order all modifications or changes made by, or on behalf of, Kia in the design, material composition, manufacture, quality control, supply, or installation of the subject components, from the start of production to date, which relate, or may relate, to the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
- a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and,
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Kia is aware of which may be incorporated into vehicle production within the next 120 days.

11. State the number of each of the following sold by Kia that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale including the cut-off date for sales, if applicable:
- a. Subject components; and,
 - b. Any kits that have been released, or developed, by Kia for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which Kia is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

12. Provide Kia's assessment of the alleged defect in the subject vehicle, including:
- a. The causal or contributory factor(s);
 - b. The failure mechanism(s);

- c. The failure mode(s);
- d. The risk to motor vehicle safety that it poses;
- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and,
- f. The consumer reports provided to Kia in connection with this investigation.

This letter is being sent to Kia pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Kia's failure to respond promptly and fully to this letter could subject Kia to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

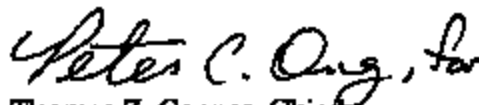
If Kia cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Kia does not submit one or more requested documents or items of information in response to this information request, Kia must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Kia's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by January 8, 2004. Please refer to RQ03-007 in Kia's response to this letter. If Kia finds that it is unable to provide all of the information requested within the time allotted, Kia must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If Kia is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Kia then has available, even if an extension has been granted.

If Kia claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Kia must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Kia is required to submit two copies of the documents containing all information for which confidentiality is claimed (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Mr. Lee Strickland of my staff, at (202) 366-5201.

Sincerely,

A handwritten signature in cursive script that reads "Peter C. Ong, Sr".

Thomas Z. Cooper, Chief
Vehicle Integrity Division
Office of Defects Investigation

785013

From: [REDACTED]
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>
Date: 5/23/01 6:43PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the CarTalk web site
* (<http://www.cartalk.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Wednesday, May 23rd 2001 at 4:43:54 PM

VEHICLE OWNER'S QUESTIONNAIRE

OWNER INFORMATION

NAME:

ADDRESS:

TELEPHONE:

NHTSA authorized to send a copy of this report to the manufacturer: No

VEHICLE INFORMATION

VIN: KNAFB1216Y5846877
MAKE: KIA
MODEL: Sephia
YEAR: 2000

ODOMETER: 10400
PURCHASE DATE: NEW OR USED: New

DEALER NAME: Fred Brown Kia Hyundai
ADDRESS: Bryan, TX 77801

ENGINE SIZE:
CYLINDERS: 4

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE:
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: Front

(10)

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: 1.)Front windshield weathering
2.)Driver's seatbelt
3.)Leaking Oil pan
4.)Burnt out circuit to radiator fan
5.)Door locks that work 5 out of ten times
6.)Horn not deploying
7.)Back doors that stick
8.)Dome light that flickers Intermittently on and off when all doors are shut

PART NAME(S):

LOCATION: Left Front

NUMBER OF FAILURES: 1.)3
2.)continually until fixed
3.)1
4.)1
5.)continually
6.)continually
7.)occasionally
8.)occasionally

DATE(S) OF FAILURES: 03/00, 06/00, 09/00, 11/00, 01/01

MILEAGE AT FAILURE(S): I don't recall

SPEED AT FAILURE(S): 70, 40, 30, 60

MANUFACTURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No

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NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

I've had my car in and out of the shop so many times that I'm clear on what the dates are, but the trend seems to be every few months something new happens.

END OF FORM



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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4238
www.nhtsa.dot.gov/hotline

FD-302 AGENCY USE ONLY 12b	
Date received 08-DEC-2000	Off of FL dt od rt up br
Reference No. 876216	
Work Number 7	Home Number

OWNER INFORMATION (Type or Print)

659828
WEST PALM BEACH FL 33417

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 **12/14/2000**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) **KMHFB1513577401** Vehicle Make **KIA** Vehicle Model **SEPHIA** Vehicle Year **1999** Current Odometer Reading

Purchase Date **Sept 9 2000** Dealer's Name **Peter Motors** Engine Size (CID/CC) Turbo Diesel Gas Fuel Injection
 New Used City **West Palm Beach** State **FL** Zip Code

Transmission Type <input type="checkbox"/> Manual	Antilock Brakes <input type="checkbox"/> Yes	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt	Cruise Control <input type="checkbox"/> Yes	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Front Drive <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <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"/> Van <input type="checkbox"/> Sport Ut Truck <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 12250480	Part Name(s) INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT BUCKLES Belt Sep 10. 2000 2000	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 11-21-2000 Mileage at Failure(s) 17705 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Corrected? <input type="checkbox"/> Yes <input checked="" 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	Number of Fatalities	Estimated Property Damage	Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	---------------------------	------------------------------------------------------------------------------------------------------

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

CONSUMER WAS INVOLVED IN A COLLISION IN WHICH SEAT BELT-BUCKLE RELEASED FROM LATCH PLATE. PLEASE GIVE ANY FURTHER DETAILS. *AK
I had my seat belt on and connected and when I side rear of the car in front of me, my seat belt snapped off of me. When it did it marked (black + blue) my neck - hit my shoulder and cracked the side of my head.
Buckles did not seem to be working as they should have

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.



Attention

Chris Wiacek

December 22, 2000

Kia Motors America, Inc.
Southern Region
100 Galleria, Suite 1530
Atlanta, GA 30339-3950
678-385-8501 - FAX 678-385-8501


[Redacted]
West Palm Beach, FL 33417

We have completed our investigation of the accident which occurred on November 21, 2000 involving vehicle identification number KNAFB1213X5774513.

Our findings indicated that all systems in question were operating properly at the time of the inspection. Consequently, we must deny any assistance in this matter. We would recommend that you contact your insurance company for resolution.

Thank you for the opportunity to investigate your concern.

[Redacted]
Consumer Affairs

 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 128	
	Date Received 08-DEC-2000		cid_or rt_dt nd_rt up_lr Reference No.	

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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

FOR AGENCY USE ONLY 100148

Date Received

26-DEC-2002

Repository Reference No.
1000385**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number
private

Evening Telephone Number

E-mail Address

VF [REDACTED]@ [REDACTED].E

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

Make

KIA

Model

SEPHIA

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

Vehicle Component Code

150000 SEAT BELTS

 Cruise Control

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
26-DEC-2002

Failure Mileage

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: DOTM18ABCD36)

 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

 Yes No

Fire

 Yes 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).

THIS IS A COMPLAINT REGARDING EQUIPMENT ON THE 1999 KIA SEPHIA LS, MANUFACTURED BY KIA IN KOREA ON 08/25/98, AND TARGETS AN EXTREMELY IMPORTANT SAFETY ITEM, SPECIFICALLY THE DRIVER'S SEAT BELT WHICH HAS A DEFECTIVELY DESIGNED LATCH, SINCE WHEN THE TAB IS INSERTED SECURELY SEATED INTO THE LATCH, IT PULLS OUT WHEN PULLED, OR WHEN ONE LEANS FORWARD SLIGHTLY STRESSING THE SEAT BELT. IT IS VERY, VERY DANGEROUS, AND I INFORMED THE CLOSEST DEALER TO MY LOCATION, BAY RIDGE KIA WHEN I BROUGHT THE CAR IN FOR CORRECTION OF RECALL ITEMS, BUT THE BELT WAS NOT ON THE LIST. I AM INFORMING DOT IN THE HOPE OF PREVENTING ANYONE FROM BEING INJURED BY THIS DEFECT. I WENT BACK TO THE DEALER AND AT MY EXPENSE IMMEDIATELY ORDERED A NEW LATCH SECTION OF THE BELT, PART NO. 0K2AB-57-680-96. OF COURSE I ASKED, IF THAT PART HAD BEEN MODIFIED? THE ANSWER WAS, NO SURPRISE, YES. I ALSO HAD SENT

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

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 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 administrative enforcement or litigation against a manufacturer, your response, or a substantially similar 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		FOR AGENCY USE ONLY 100148								
		Date Received 27-FEB-2003	Repository <input type="checkbox"/>	Reference No. 10008205								
OWNER INFORMATION (Type or Print)												
Name		Address		City		State	Zip Code	Daytime Telephone Number		E-mail Address		
				RITZVILLE		WA	99169	SAME				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input 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			
VEHICLE INFORMATION												
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KNDJA7Z3615017594				Make KIA		Model SPORTAGE		Model Year 2001				
Date Purchased 15-JUN-01		Dealer's Name and Telephone Number SPOKANE KIA 509-343-3000				Engine: No: Cylinders 4		Fuel Type: Gas				
Original Owner <input checked="" type="checkbox"/>		Dealer's City LIBERTY LAKE		State WA		Zip Code 99019						
Transmission Type MANUAL		<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control		Powertrain 4 WHEEL DRIVE		Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH						
						Multiple Failure: 8						
FAILED COMPONENT(S)/PART(S) INFORMATION												
Incident Date(s) 22-SEP-2001		Failure Mileage 5000		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: DOTM4SABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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												
<i>(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)</i>												
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 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).												
OVER THE SPAN OF THE LAST 1 1/2 YEARS I HAVE HAD THE FOLLOWING PROBLEMS *REAR SEAT BELTS LOCKED UP WOULDN'T LOOSEN FAR ENOUGH TO GET MY CHILD OUT OF THE CAR. *FRONT SEAT BELTS (BOTH) WOULD COME OPEN WHILE THE VEHICLE WAS IN MOTION. *DRIVERS SIDE DOOR WOULDN'T LATCH WHEN TRYING TO CLOSE IT, HAD TO JIGGLE THE INSIDE HANDLE *SPARE TIRE ARM WOULDN'T STAY IN THE LOCKED POSITION WHEN OPEN. STILL WON'T *FOUR WHEEL DRIVE WOULDN'T ENGAGE *LIFTER NOISE--COLLAPSED LIFTER *HEAD WARPED *CHECK ENGINE LIGHT HAD COME ON A FEW TIMES *CUP HOLDERS (FRONT AND REAR) FELL APART *OUTSIDE TRIM WAS FALLING OFF. *JB												
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.											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 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	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8383 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 119	
	Date Received 19-DEC-2000		Ord. or nt. dt od. rt up. nr _____ _____ _____ _____
		Reference No. 876742	

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>(located at bottom of windshield on driver's side)</small> KNAFB1214Y5820447	Vehicle Make KIA	Vehicle Model SEPHIA	Vehicle Year 2000	Current Odometer Reading		
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 Injection		
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 Belt <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 Ut <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 12112100 12240000 83270000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS BRAKES: HYDRAULIC: SHOE: DMC BRAKE SYSTEM	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 Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 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 Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	---------------------------	-------------------------------------------------------------------------------------------

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

VEHICLE WAS PLACED IN OFF POSITION, AND DRIVER'S SIDE/PASSENGER SIDE AIR BAGS DEPLOYED WITHOUT A CAUSE, ALSO DRIVER'S SIDE AND PASSENGER'S SIDE SEAT BELTS DID NOT STAY LOCKED IN HOUSING MECHANISM. IN ADDITION, HAVING PROBLEMS WITH FAULTY BRAKES. UPON STOPPING BRAKES WERE MAKING A LOUD NOISE, SOUNDED LIKE METAL TO METAL. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK 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 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 558

Date Received

23-MAY-2001

Repository Reference No.
889016**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

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: / /

VEHICLE INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE FILL INMake
KIAModel
SEPHIAModel Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. CylindersFuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
01-MAR-2000

Failure Mileage

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: DOTM4SABC138)

 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

 Yes No

Fire

 Yes 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).

DRIVER'S SIDE BUCKLE WILL NOT STAY FASTENED. AT TIMES CONSUMER MUST PUNCH BUCKLE TO MAKE IT FIT IN. ALSO, HAS BEEN SOME INCIDENTS OF WHEN THE VEHICLE IS STOPPED QUICKLY, THE SEATBELT WOULD JERK AND POP OFF.*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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10011356

RECEIVED

03 MAR -4 PM 8: 23

OFFICE
DEFECTS INVESTIGATION

February 21, 2003

National Highway Traffic Safety Administration
400 Seventh Street S.W.
Washington, DC. 20590

Dear Sir:

We own a 1997 Kia Sephia and a 2000 Kia Sephia. We received a copy of the enclosed safety recall for our 1997 Kia Sephia for a problem with the seatbelt. This letter is being written concerning our 2000 Kia Sephia. The problem discussed in the recall is the exact problem we are having with the seatbelt in the 2000 Sephia. At various times, the driver's seatbelt is emitting a false "clicking" sound letting us to believe it is secure, wherein shortly thereafter the seatbelt will become unfastened. My problem comes in that I have just surpassed the company's warranty when this problem began. The mechanic at Erie Kia informed me that the problem is the same as that in the recall however, there is no current recall on this model and my warranty is expired. I then called Kia's Consumer Assistance Center and they told me that it is my responsibility to pay all costs associated with the repair because this model and year has not been ordered to have a recall for safety belts.

Therefore, I would like it to go on record that there is a problem with the 2000 Kia Sephia seatbelts. I wish there was some way to know just how many seatbelts Kia has already replaced on the 2000 Sephia's that were covered under warranty?

Thank you for any assistance you can offer in this problem.

Sincerely,

Handwritten signature
(7)



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 124

Date Received

18-MAR-2003

Repository Reference No.
10011356**OWNER INFORMATION (Type or Print)**

Name _____

Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number
[REDACTED]

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 _____

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side _____

Make
KIAModel
SEPHIAModel Year
2000

Date Purchased _____

Dealer's Name and Telephone Number
ERTLE KIAEngine:
No. Cylinders _____Fuel Type:
Gas _____Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type _____

 Antilock Brakes

Powertrain _____

Vehicle Component Code

1S1400 SEAT BELTS-FRONT:BUCKLE ASSEMBLY

 Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) _____

Failure Mileage _____

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: DOTN1A5ABC036) _____

 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 Systems _____

Child Seat Component Code: _____

Failed Part: _____

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

Crash

 Yes No

Fire

 Yes 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 EXPERIENCED THE SAME SEAT BELT PROBLEM AS STATED IN THE RECALL WHICH PERTAINED TO THE 1997 KIA SEPHIA, WHICH THE CONSUMER ALSO OWNED, HOWEVER THE 2000 KIA SEPHIA WAS NOT RECALLED. *AK *JB

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation
National Highway
Traffic Safety
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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

FOR AGENCY USE ONLY 100147

Date Received

17-JUN-2003

Repository Reference No.
10024205**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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: / /

VEHICLE INFORMATION

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

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

2S1400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
03-JUN-2003

Failure Mileage

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: D0THM5ABC036)

 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

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).

DRIVER'S SIDE SEAT BELT DOES NOT LOCK.*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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

FOR AGENCY USE ONLY 100146

Date Received
28-JAN-2003

Repository

Reference No.
10003567

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City SAGINAW State TX Zip Code 76179

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
KNDJ67235Y5658966

Make KIA Model SPORTAGE Model Year 2000

Date Purchased 25-JUN-01 Dealer's Name and Telephone Number ALAN YOUNG 8175893300 Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner Dealer's City N. RICHLAND HILLS State TX Zip Code 76180

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 151100 SEAT BELTS:FRONT:ANCHORAGE Multiple Failure: 8

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-DEC-2002 Failure Mileage 55000 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: DOTM13ABC036) 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 Yes No Fire Yes No
Number of Persons Injured 0 Number of Deaths 0 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 SEATBELT ON MY 2000 KIA SPORTAGE ON THE DRIVERSIDE ALWAYS OPENS. I FEEL THIS IS VERY DANGEROUS IF I WAS EVER INVOLVED IN AN ACCIDENT. I DO NOT TRUST THE SAFTEY BELT WILL HOLD ME IF I EVER HAD AN ACCIDENT. I WEIGH ONLY 125 LBS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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