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

Date Received: 09-JAN-2003 — Repository ☐ — Reference No.: 10002229

OFFICE OF DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: HOPEMILLS — State: NC — Zip Code: [redacted]
Daytime Telephone Number: [redacted] — Evening Telephone Number: [redacted] — E-mail Address: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an [redacted] *or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 01/17/03.

VEHICLE INFORMATION

[redacted] — Make: SUZUKI — Model: GRAND VITARA — Model Year: 2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
3-31-2000	Leith Clearance Center 910 868 4449	6.	Gas.

Original Owner: ☑ — Dealer's City: Fayetteville — State: NC. — Zip Code: 28304

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	4X4	161100 STRUCTURE: FRAME AND MEMBERS:UNDERBODY SHIELDS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-26-2002	35600	55 to 60	Body Molding

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: DOTMAL9ABC036)	☐ 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).

WHILE DRIVING AT HIGHWAY SPEED, CONSUMER STATES HEARD A BIG POP. CONSUMER PULLED OVER TO FIND THAT THE ALUMINUM MOLDING HAD POPPED OFF THE SIDE OF VEHICLE LEAVING A NOTICEABLE DENTS IN THE VEHICLE. CAUSE IS UNKNOWN. PLEASE PROVIDE ANY FURTHER INFORMATION TO

side and molding is plastic not aluminum. and the molding came off in whole pieces I have the molding in my car. That came off my car.

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