



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 100184

Date Received

Repository

2003 OCT 22 09:12:05

Reference No.
10042021

OWNER INFORMATION (Type or Print)

Name

Address

City

MIDDLEBURY

State VT

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?
In the absence of an answer, your name or address to the vehicle manufacturer.

Signature of Owner

Date 9/16/03

VEHICLE INFORMATION

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

J53TD82V0K4126531

Make

SUZUKI

Model

VITARA

Model Year

1999

Date Purchased

8/2/99

Dealer's Name and Telephone Number

P J'S AUTO VILLAGE 802-658-4483

Engine:

No. Cylinders 6

Fuel Type:

Original Owner

Dealer's City

SOUTH BURLINGTON

State

VT

Zip Code

05403

Transmission Type

Auto

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

185000 VEHICLE SPEED CONTROL; CRUISE CONTROL

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

29-SEP-2003

Failure Mileage

42214

Failure Speed

75

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM18ABC038)

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 accident(s), failure(s), condition(s), 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):

WHILE DRIVING AT 75 MPH WITH CRUISE CONTROL ON VEHICLE BECAME STUCK IN CRUISE MODE. WHEN TRYING TO DISENGAGE THE CRUISE CONTROL CONSUMER WAS UNABLE TO DO SO. CONSUMER STRUGGLED TO APPLY THE BRAKES, FINALLY GETTING THE VEHICLE TO STOP. THE VEHICLE WAS RESTARTED, AND CRUISE CONTROL WAS STILL ACTIVE. CONSUMER HAD TO PHYSICALLY PULL THE GAS PEDAL FROM THE FLOOR OF THE VEHICLE. DEALER AND MANUFACTURER WILL BE NOTIFIED. *AK

slow down sufficiently to shut the ignition.

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.