



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received: 2004 APR 1 PM 12:08 Regulatory

22-JAN-2004

Reference No.
10055632

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CHAMPION State: MI Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]

E-mail Address: [Redacted]

Evening Telephone Number: [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 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 (VIN) as shown on driver's side: JS3TD62U3K4125575
Make: SUZUKI Model: GRAND VITARA Model Year: 1998
Date Purchased: 8-2001 Dealer's Name and Telephone Number: Suzuki 1988-789-9650
Original Owner: Dealer's City: ESCANABA State: MI Zip Code: [Redacted]
Engine: No. Cylinders: 6 Fuel Type: Unleaded
Transmission Type: Antilock Brakes Powertrain: Cruise Control
Vehicle Component Code: 101000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL
Multiple Failure: *1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 11-JAN-2004 Failure Mileage: 71761 Failure Speed: 50

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: US41 Negaunee MI
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: None Number of Deaths: None 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).

WHILE DRIVING 50 MPH VEHICLE ACCELERATED TO A HIGH RATE, CAUSING IT TO ROLL OVER. DEALERSHIP NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK
Bank. Air bags did not go off. I was on the way home from having my recall done to accelerator cable causing cap & replacing Accelerator cable.
After hitting a snow

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.