



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire 2004
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received
JUN 15 7:15
09-JUN-2004

Repository
Reference No.
10075993

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City OAKLAND State CA 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?
In the absence of your signature, this report will be sent to the vehicle manufacturer. YES NO
Signature of Owner [Redacted] Date 6/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side [Redacted]
Make SUZUKI Model VERONA Model Year 2004
Date Purchased 3- Dealer's Name and Telephone Number [Redacted]
Original Owner Dealer's City Hayward State CA Zip Code [Redacted]
Engine: No. Cylinders 6 Fuel Type: [Redacted]
Transmission Type [Redacted] Antilock Brakes Powertrain [Redacted]
 Cruise Control
Vehicle Component Code
D61110 ENGINE AND ENGINE COOLING:ENGINE:GASOLINE:BELTS AND
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JUN-2004
Failure Mileage 2400
Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM1LBABC038) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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 [Redacted] Number of Deaths [Redacted] 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).

CONSUMER STATED THAT WHEN DRIVING VEHICLE IT JUST SHUTDOWN. TOOK VEHICLE TO THE DEALER, AND THEY HAD IT FOR OVER A WEEK, AND CONSUMER WAS AFRAID TO GET BACK INTO IT BECAUSE CONSUMER THOUGHT THAT SHE MAY GET KILLED. *AK
Electronic Key would open car & relock itself continually at least 3 times before I could enter. Seat belt would disengage itself just pop open. Car seem to have transmission shifting problem, was told by salesman when I reported it that "The Verona adjust itself to your driving!"

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 and/or your employer have 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

When I turned on air condition 1 minute after purchased
car started to choke, chafe, led to turn it off.
In the mornings before when starting car it does
stalling startup was not smooth.

I have developed nervous condition when I have
to relate the problem I have went through with
this vehicle. I was not given proper courtesy when
dealing with Corporate police. I am afraid of
this car with any further product. If an accident
occurs I need a lawyer. I would be dead or severely
injured by that automobile.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

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

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



US Department of Transportation
National Highway Traffic Safety Administration
Inquiries: 800.424.9393



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(DASH) 2 DOT

GREETINGS FROM
Fairfax VA



VEHICLE OWNER'S QUESTIONNAIRE
AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON