



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 100218

Date Received

2004 JUN 30 PM 4:50  
22 JUN 2004

Repository

Reference No.  
10079687

OWNER INFORMATION (Type or Print)

Name

Address

City

RENO

State

NV

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 authorized signature, please print name and address to the vehicle manufacturer.

Signature of Owner

Date 7/17/04

VEHICLE INFORMATION

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

KL5YM52L94B

Make

SUZUKI

Model

VERONA

Model Year

2004

Date Purchased

12/13/2003

Dealer Name and Telephone Number

LITHIA L/M SUZ 1SUZU(775)355-6400

Engine:

No. Cylinders

6

Fuel Type:

Regular

Original Owner

Dealer's City

SPARKS

State

NV

Zip Code

89431

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

152000 SEAT BELTS:REAR

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-APR-2004

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: DOTM19ABC036)

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).

BOTH PASSENGER AND DRIVER REAR SEAT BELTS LOCK UP. IF THE DRIVER TRIES TO MOVE THE SEAT BELT IT BECOMES TIGHTER AND PAINFUL. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, AND MECHANIC COULD NOT DUPLICATE THE PROBLEM.

IF the back/REAR SEAT PASSENGERS MOVE THE SEAT BELTS BECOME tighter and tighter to the point where passengers can hardly breathe. Any passenger old enough to wear a seat belt could not sit in the rear seats for any length of time! Called Suzuki, Manufacturer, Customer Service twice 6/2/04 and 6/18/04 and received ZERO help.

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.