



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 241

Date Received

Repository

2004 SEP 14
05-AUG-2004

9-12
Reference No.
10087304

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City **BARSTOW** State **CA** 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 author. status, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **JS1GN7CAX42**

Make: **SIUZI** Model: **GSK-800FK4** Model Year: **2004**

Date Purchased: **08-JUN-04** Dealer's Name and Telephone Number: _____ Engine: _____ Fuel Type: **Gas**

Original Owner: Dealer's City: _____ State: _____ Zip Code: _____

Transmission Type: Antilock Brakes Cruise Control Powertrain: **REAR WHEEL DRIVE** Vehicle Component Code: **162000 STRUCTURE:BODY**

Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **05-AUG-2004** Failure Mileage: **3200** Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P216/65R15): _____

DOT No. (Example: DGTMAL9ABC036): _____ 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: _____ Number of Deaths: _____ 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; (4) parts repaired or replaced (and if old part is available).

CONSUMER WAS CONCERNED THAT A ALUMINUM BRACKET WHICH SUPPORTED THE HEADLIGHTS AND BOTH EXTERIOR MIRRORS BROKE. DEALER WAS NOT NOTIFIED AT THIS TIME.

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.