



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
(1-888-387-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1220

Date Received
2004 SEP 14
10-AUG-2004

Repository
Reference No.
10087561

OWNER INFORMATION (Type or Print)

Name
Address
City ALTOONA State PA Zip Code

Daytime Telephone Number
Evening Telephone Number
E-mail Address

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 8/19/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
KL5VJ52L74
Make SUZUKI Model VERONA Model Year 2004
Date Purchased 3-23-04 Dealer's Name and Telephone Number FIVE STAR SUZUKI
Engine: No: Cylinders SIX Fuel Type: 87
Original Owner Dealer's City ALTOONA State PA Zip Code 16602
Transmission Type Auto Antilock Brakes Cruise Control Powertrain
Vehicle Component Code 10200U POWER TRAIN: MANUAL TRANSMISSION
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JUL-2004 Failure Mileage Failure Speed 40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/B5R15)
DOT No. (Example: DOTM15A8BC036) 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; i.e. parts repaired or replaced (and if old part is available).

UPON STARTING THE VEHICLE IT SHOOK AND VIBRATED ERRATICALLY. ALSO, IT SHIFTED LIKE A STANDARD TRANSMISSION. WHEN DRIVING AT 40 MPH THE VEHICLE JUMPED. *AK

CAR WANTS TOO SHUT OFF IN TRAFFIC. THAT IS DANGEROUS. WHEN MY WIFE TAKES NOTICE, THAT IS BAD.

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.

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

They changed the Fuel Pump, THAT DIDN'T HELP MUCH.
They PUT A COMPUTER BOARD IN, THAT HELPT SOME.
THAT STILL DON'T SOLVE THE ~~PROBLEM~~ PROBLEM.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use \$200



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. 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



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QUESTIONNAIRE**

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REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
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and dial toll free at

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1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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