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 252

Date Received	Repository ☐
25-AUG-2004	Reference No. 10089765

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City CHARLOTTE	State NC	Zip Code [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 [redacted] Date 7/7/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KL5JJ52Z34K[redacted]	SUZUKI	FORENZA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
July 2004	Board Omia Suzuki			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City Charlotte	State NC	Zip Code 28213		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	200000 WHEELS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-AUG-2004		55	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2	0	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 PASSENGER'S SIDE WHEEL UNEXPECTEDLY SHEARED OFF. CONSUMER LOST CONTROL OF THE VEHICLE AND HIT A CURB. DRIVER AND PASSENGER SUSTAINED ARM AND SHOULDER INJURIES, AND WENT TO THE HOSPITAL LATER. VEHICLE WAS TOWED TO THE DEALER, AND MECHANIC DETERMINED THAT THE WHEEL SEPARATED FROM THE AXLE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

FROM: [redacted]

CHARLOTTE, NORTH CAROLINA [redacted]

SUBJECT: SUPPLEMENT TO VEHICLE OWNER'S QUESTIONNAIRE.

TO: U.S. DEPARTMENT OF TRANSPORTATION

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-216
400 7TH STREET SW
WASHINGTON, D.C. 20590

REFERENCE NUMBER: 10089765

ACCIDENT INVESTIGATED BY:

CHARLOTTE MECKLENBURG POLICE DPARTMENT
CHARLIE ONE
8740 RESEARCH DRIVE
CHARLOTTE, NORTH CAROLINA 28262

REPORT NUMBER: 20040804-1634-02

THE VEHICLE WAS TRAVELING LESS THAN 25 MPH IN A RESIDENTIAL SECTION, AS I WAS NEGOTIATING A CURB ON A DOWNHILL GRADE. THE RIGHT WHEEL SEPREATED FROM THE AXLE WITHOUT WARNING OR CAUSE, THE BRAKES LOCKED UP, AND THE VEHICLE WENT OUT OF CONTROL TO THE RIGHT, AND STRUCK A TREE.

DAMAGE TO THE VEHICLE EXCEED $7,000.00 DOLLARS, THE VEHICLE IS BEING REPAIRED AT KEFFER COLLISION CENTER TYVOLA ROAD, CHARLOTTE, NORTH CAROLINA, THERE PHONE NUMBER IS (704) 714-3686 SERVICE REP IS TONY.

MY INSURANCE COMPANY IS AIG, THE CLAIM NUMBER IS 04003140065, THE ADJUSTER IS HAROLD LEVON PHONE NUMBER (770) 753-0416.

SEVERAL TIME I HAVE ATTEMPTED TO INFORM SOMEONE OF THIS INCIDENT, AND I SPOKE WITH JESUS AT THERE CSR. WORLD HEADQUARTER TO NO AVAIL, THE COMPANY HAVE GIVEN ME THE IMPRESSION THAT THEY COULD CARE LESS, AND THEY REFUSED TO LET YOU SPEAK TO THERE

SUPERVISORS, NOR WILL ANY ONE IN SUPERVISION RETURN CALL,

WALTER SADLER SUFFERED BROKEN LEFT WRIST FROM THIS SITUATION.

IF YOU NED OTHER FACTS PLEASECONTACT ME AT THE ADDRESS OR THIS PHONE NUMBER, I WILL GIVE YOUR AGENCE 100% CONFIDENTIAL, BECAUSE SHOULD HAVE A VERY DANGEROUS INFECTED ANIMAL THAT LIKELY TOO CAUSE SOMEONE THEIR LIFE,

RESPECTFULLY SUBMITTED

[redacted]

CHARLOTTE, [redacted]