



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 1220

Date Received: 2005 JAN 26 AM 2:33  
18-NOV-2004  
Repository   
Reference No. 10101255

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: VERO BEACH State: FL Zip Code: [REDACTED]  
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]  
Evening Telephone Number: [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: 12/6/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2S3TE02V5TE [REDACTED]  
Make: SUZUKI Model: VITARA Model Year: 1999  
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: No. Cylinders: 6 Fuel Type: REG  
Original Owner:  Dealer's City: BUZZARD BAY State: MA Zip Code: [REDACTED]  
Transmission Type: AUTO Antilock Brakes:  Cruise Control:  Powertrain: [REDACTED] Vehicle Component Code: 141000 AIR BAGS:FRONTAL  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 17-NOV-2004 Failure Mileage: 50,000 Failure Speed: 45  
Air Bags did not Deploy, causing injury to my face knee, arm.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED]  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: 1 Number of Deaths: 0 Reported to Police: 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 AT 45 MPH A COLLISION OCCURRED, CONSUMER'S VEHICLE HIT ANOTHER VEHICLE IN THE REAR. UPON IMPACT, AIR BAG DID NOT DEPLOY. CONSUMER SUSTAINED BAD INJURIES. \*AK

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.

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

I hit a car in the rear - my bags didn't deploy as a result my face hit the steering wheel, my head, nose, cheek were injured along with my left arm left knee.

Suzuki is not responding to the defect

ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

U.S. Department of Transportation

National Highway Traffic Safety Administration

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 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



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

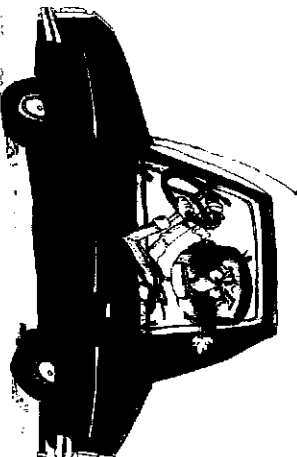
**DASH2DOT**

and dial toll free at

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(DASH) 2 DOT



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