



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 100216

Date Received

01-DEC-2004

Repository

Form No. 1
10101981

OWNER INFORMATION (Type or Print)

Name

Address

City RALEIGH

State NC

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 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

JS8ZRA41543

Make

SUZUKI

Model

AERIO

Model Year

2003

Date Purchased

11/15/03

Dealer's Name and Telephone Number

Ferguson Suzuki

Engine:

No. Cylinders 4

Fuel Type:

Original Owner

Dealer's City

Broken Arrow

State

OK

Zip Code

Transmission Type

Automatic

Manual

5 speed

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failures: 1 many

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-OCT-2004

Failure Mileage

Failure Speed

55-75

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: DDTMALBAC036)

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

31

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 65 MPH CONSUMER HEARD A LOUD POPPING NOISE COMING FROM THE FRONT. SUDDENLY, THE VEHICLE SHIFTED GEARS. CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND DROVE IT TO THE DEALER FOR INSPECTION. *AK

Problem happened every time I put car in 5th gear.
Dealer repaired. Problem persists, though not as regularly. Dealer refuses to repair, says car is operating within specs.

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.