



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.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
18 JUL 2005
19

Repository:
Reference No.
6429075

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: KANSAS CITY State: KS Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 7/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KLEVJ66L36 [REDACTED] Make: SUZUKI Model: AERIO VERONA 3 Model Year: 2005
Date Purchased: 10 JUN 05 Dealer's Name and Telephone Number: KEYSTONE SUZUKI/CHRYSLER 913-261-5000 Engine: No: Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: MISSION State: KS Zip Code: 66202
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 221200 SEATS:FRONT ASSEMBLY:RECLINER
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15 JUN 2005 Failure Mileage: 13 Failure Speed:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/65R16):
DOT No. (Example: DOTM19ABC038) 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 provide to assist the incident's Federal, State, and local investigation.)

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).

DT: ON 7/16/05, THE OWNER NOTICED THE PROBLEM WHEN HE WAS JUST SITTING IN THE VEHICLE. WHEN THE VEHICLE ACCELERATED THE BACK OF THE SEAT FELT LIKE IT MALFUNCTIONED. THE RECLINER FELT TOO LOOSE. THE PROBLEM WAS WORSE WHEN YOU GOING UP A HILL. THE SEAT MOVED BACK ABOUT A 1/4 INCH. OWNER TOOK THE VEHICLE TO THE DEALERSHIP, WHO SAID THAT THE SEAT WAS IT AS TIGHT AS IT WOULD GET, AND THAT HOW IT WAS MANUFACTURED. SUZUKI RESPONDED THAT OWNER SHOULD GO TO ANOTHER DEALERSHIP. IF ANOTHER DEALERSHIP INDICATED THAT TERE WAS NOTHING THEY COULD DO, THEN THERE WAS NOTHING FURTHER THAT SUZUKI WOULD DO. OWNER WAS CONCERNED ABOUT SAFETY BECAUSE IT FELT LIKE THE RECLINER PART WOULD JUST FLOP ON BACK, AND THE DRIVER COULD LOOSE CONTROL IN VEHICLE INFORMATION, SUZUKI AERIO HAD TO BE CHOSEN, THERE WAS NO OPTION FOR VERONA 3K

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.