



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 100148

Date Received: 12-JUN-2006  
Repository:   
Reference No.: 10159616

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: SUMMERFIELD 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: 6/22/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side: K15VJ52L0 [Redacted]  
Make: SUZUKI Model: VERONA Model Year: 2004

Date Purchased: 01-MAR-04 Dealer's Name and Telephone Number: BO WILLIAMS SUZUKI 352-622-7201 Engine: No. Cylinders: Fuel Type: Gas  
Original Owner:  Dealer's City: OCALA State: FL Zip Code:

Transmission Type: AUTOMATIC  Anti-lock Brakes:  Cruise Control:  Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 126200 EXTERIOR LIGHTING:TURN SIGNAL:SWITCH  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 12-JUN-2006 Failure Mileage: 34000 Failure Speed: 0

**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: DOTM19ABC036)  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: 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).

DOT\*: THE CONTACT STATED WHILE ACTIVATING THE LEFT TURN SIGNAL AT ANY SPEED THE SWITCH FAILED TO DISENGAGE AFTER THE TURN IS COMPLETED. UPON INSPECTION THE DEALERSHIP DETERMINED THE TURN SIGNAL SWITCH NEEDED TO BE REPLACED. THE MANUFACTURER WAS ALERTED.

**NOTE: TO SPEC means All The Turn Signals are Faulty. They are NOT going to Replace. As per WORK ORDERS. MUST Get From Bo Williams SUZUKI AS THEY DID NOT Give US The Paperwork 6/12/06**

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.