



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

Repository

08-SEP-2006

Reference No.
10167694

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ROGUE RIVER State OR 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?
In the absence of an authorized address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 10/1/06 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
JS1VT54A832 [REDACTED] Make SUZUKI Model SV1000S Model Year 2003
Date Purchased 03-DEC-04 Dealer's Name and Telephone Number GRANTS PASS SUZUKI 541-476-3301 Engine: No: Cylinders 2 Fuel Type: Gas
Original Owner Dealer's City GRANTS PASS State OR Zip Code 97527
Transmission Type Antilock Brakes Powertrain: CHAIN Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
~~AUTOMATIC~~ Cruise Control Multiple Failure: 1
6 SPEED

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-SEP-2006 Failure Mileage 18400 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location:
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 [REDACTED] Number of Deaths [REDACTED] 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*: THE CONTACT STATED THERE WAS A STRONG SMELL OF GASOLINE ALL AROUND THE MOTORCYCLE. THE SMELL WAS PRESENT SINCE PURCHASING THE MOTORCYCLE. THERE WAS A NHTSA RECALL, #06V013000 ON THE MOTORCYCLE REGARDING THE FUEL SYSTEM, GASOLINE: STORAGE: TANK ASSEMBLY. THE PARTS NEEDED TO REPAIR THE VEHICLE WERE NOT AVAILABLE AT THE LOCAL DEALERSHIP. THE MANUFACTURER CONFIRMED THE PARTS WERE ON BACKORDER. THE CONTACT RECEIVED TWO SEPARATE RECALL LETTERS REGARDING THIS DEFECT IN JANUARY 2006.

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 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)

THE 2 SUZUKI FUEL TANK RECALL LETTERS THAT I RECEIVED JANUARY 27 2006 FROM SUZUKI USA MENTIONED THAT ALL 2003-2006 SUZUKI SV 1000 S MODELS, CALIFORNIA MODELS ONLY, ARE BEING RECALLED DO TO GAS TANK PROBLEMS. MY DEALER HAS ORDERED A GAS TANK REPLACEMENT OVER 3 MONTH AGO, BUT HE, NOR SUZUKI USA, HAS ANY IDEA WHEN THE REPLACEMENT GAS TANK WILL ARRIVE

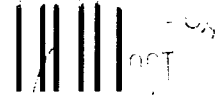
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



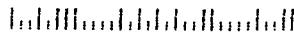
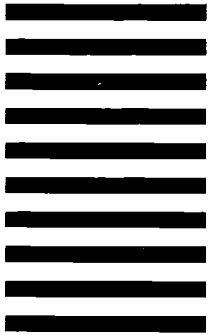
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

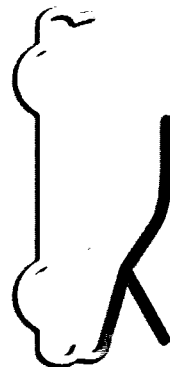
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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-210 400 7th Street, SW Washington, DC 20590



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline 888-327-4236



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration

