



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

2007 FEB 12 AM 9:40
11-DEC-2006

Reference No.
10175832

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NEW BERLIN State IL 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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
JS1VS54A9 [REDACTED] Make SUZUKI Model VL800 Model Year 2004
Date Purchased 07-FEB-05 Dealer's Name and Telephone Number DENNIS OVERTURF POWER SPORTS 217 544 0126 Engine: No: Cylinders 2 Fuel Type: Gas
Original Owner Dealer's City SPRINGFIELD State IL Zip Code
Transmission Type Antilock Brakes Powertrain REAR WHEEL DRIVE Vehicle Component Code 220000 SEATS
MANUAL Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-MAR-2005 Failure Mileage 10 Failure Speed 65
any little bump drives those mounting bolts right into the base of my spine!

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: DOTM9ABC036) 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 1 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*: THE CONTACT STATED SINCE THE MOTORCYCLE WAS PURCHASED, IT WAS NOTICED THE SEAT WAS VERY UNCOMFORTABLE. WHILE DRIVING 65 MPH ON NORMAL HIGHWAY, THE CONTACT DEVELOPED SEVERE BACK PAIN. THE DEALERSHIP WAS CONTACTED WHO STATED THE MANUFACTURER AGREED TO GIVE A \$50 CREDIT ON A PURCHASE OF A NEW SEAT WHICH WAS IDENTICAL TO THE ORIGINAL SEAT INSTALLED ON THE MOTORCYCLE. THE CONTACT EXPRESSED CONCERN THAT DRIVING THE VEHICLE WAS A SAFETY RISK DUE TO THE SEVERITY OF THE BACK PAIN CREATED BY THE UNPADDED SEAT.

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.

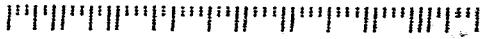
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I drove over 700 miles. The pain was severe and it lasted for several weeks after the trip! The back portion of the seat almost no padding on those mounting bolts. People who are smaller than I, would likely not notice the bolts from where they sit. At 5'11" my tail bone is right on top of them. It never occurred to us that anyone could be stupid enough to build a seat without a smooth seat pan. This vehicle cannot be operated by me without causing injury to the back of my spine. Suzuki refuses to acknowledge the fact that riding on top of bolts rather than a padded seat is a problem. My painful experience would suggest otherwise. Trying to sit sideways all day is also a potential health hazard as I try to avoid the pain of sitting straight. This could cause someone to lose control of the vehicle.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS



20077+8214



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



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



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U.S. Department of Transportation
National Highway Traffic Safety Administration