



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
2007 AUG 27 AM 10:24
13-APR-2007

Repository
Reference No.
10187787

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SANTA MONICA State CA Zip Code [REDACTED]

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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
VTTNJ48A [REDACTED] Make SUZUKI Model GZ250 Model Year 2006

Date Purchased 15-APR-06 Dealer's Name and Telephone Number *MARINA SUZUKI 310/306-8595* Engine: No: Cylinders Fuel Type: Gas

Original Owner Dealer's City *LOS ANGELES* State *CA* Zip Code *90066*

Transmission Type Antilock Brakes Powertrain Vehicle Component Code
MANUAL Cruise Control 19000 TIRES
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-APR-2007 Failure Mileage 5000 Failure Speed 10

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 Failure Location: _____
 Prior Repair
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 File 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).

TL*- THE CONTACT OWNS A 2006 SUZUKI GZ250. WHILE DRIVING AT 10 MPH IN FIRST THOUGH THIRD GEAR THE FRONT END OF THE VEHICLE SHOOK. THE DEALER STATED THAT THE AIR PRESSURE ON THE FRONT TIRE WAS LOW. THE DEALER CORRECTED THE AIR PRESSURE. DURING THE SECOND WEEK IN APRIL 2007 THE VEHICLE STARTED SHAKING AGAIN. THE DEALER FELT THE SHAKING ON THE REAR TIRE AND NOTICED NINE BROKEN SPOKES. THE DEALER WAS UNABLE TO DIAGNOSE THE FAILURE. THE VEHICLE CURRENTLY HAD 5,000 MILES. *AK

SUZUKI MARINA (SELLER) FIXED BIKE - W/... BUT NO RECEIPT OR PAPER WORK. REPLACED WHEEL WHEEL.

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)

I DROVE THE BIKE 2X'S, THEN TOOK TO DEALER,
TOLD THEM ABOUT SHAKING. OWNER DRAVE SAID HE
DIDNT FEEL ANYTHING. (CARRY)
BROUGHT BACK AGAIN - (MARSHALL) DRAVE SAID TIRE INFLATION
WAS A BIT LOW.

~~RETURNED~~ 2ND VISIT, SHAKING GOT WORSE. BECAME AVOIDED
I COULDN'T CONTROL BARS BETWEEN CARS.
TOOK 3RD X. MARSHALL FOUND BROKEN SPOKES.
HE DRAVE & FELT SHAKING IN BACK I FELT IT IN FRONT!

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

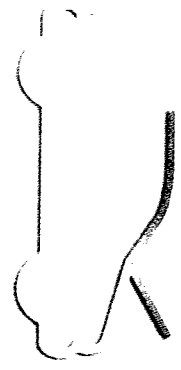
POSTAGE WILL BE PAID BY ADDRESSEE



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

www.nhtsa.gov
NHTSA

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