



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  
07-AUG-2008

Repository   
Reference No.  
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2008 SEP -9 PM 4:19

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City DEER PARK State WA 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 authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 8/19/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JS1V55AX62 [REDACTED]  
Make SUZUKI Model VL800 Model Year 2006  
Date Purchased 5-25-08 Dealer's Name and Telephone Number USED PRIVATE PARTY Engine: No: Cylinders 2 Fuel Type: Gasoline  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type  Antilock Brakes  Cruise Control Powertrain [REDACTED] Vehicle Component Code 070000 FUEL SYSTEM, GASOLINE  
Multiple Failure: [REDACTED]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-MAY-2008 Failure Mileage 6000 Failure Speed 0 Fuel Filter CAP

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
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 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 VL800. THE CONTACT SMELLED A STRONG ODOR OF FUEL. THE VEHICLE WAS NOT TAKEN TO AN AUTHORIZED DEALER. THE FAILURE WAS RELATED TO THE FUEL FILLER CAP. THE VEHICLE HAS NOT BEEN REPAIRED FOR THE MALFUNCTION. THE CONTACT WAS CONCERNED OF THE SAFETY RISK INVOLVED. THE FAILURE MILEAGE WAS 6,000 AND CURRENT MILEAGE WAS 8,000.

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)

Strong odor of fuel when in enclosed Area.  
Smell of fuel detected around fuel filler cap.  
I inspected filler cap seal and found seal cracked  
on outer edges. I suspect this is cause of vapor  
escaping from fuel tank.  
I am an ASE Certified Auto Technician  
I believe this problem is a ~~problem~~ due to fuel  
vapor escaping fuel tank. <sup>safety hazard.</sup>  
Cost of fuel filler cap 110.00 to replace part only

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE,  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

SPOKANE WA 992

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**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  
1200 New Jersey Ave SE  
Washington, DC 20077-9382**



**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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