

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: FEB 28 2013 29-JAN-2013	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: LIBERTY State: KY Zip Code: [REDACTED]				Repository ☐	
				Reference No. 10495099	
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer and the National Highway Traffic Safety Administration in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 971 (S.				Daytime Telephone Number: [REDACTED] Evening Telephone Number: [REDACTED]	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JS2YB413985 [REDACTED]				Make SUZUKI	Model SX4
Date Purchased 25 Sept 2012		Dealer's Name and Telephone Number Select Suzuki 502-695-8900		Engine: No: Cylinders	Model Year 2008
Original Owner ☐ 3rd	Dealer's City Frankfort		State KY	Zip Code 40601	Fuel Type: Gas
Transmission Type Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain All wheel	Multiple Failure: No		Incident Date(s) 10-JAN-2013
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 140000 AIR BAGS				Failure Mileage 81000	Failure Speed 45
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 Y	
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 2008 SUZUKI SX4. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 45 MPH AND ATTEMPTING A TURN, HE LOST CONTROL OF THE STEERING WHEEL. THE VEHICLE CRASHED INTO AN EMBANKMENT AND FLIPPED OVER ONTO THE DRIVER'S SIDE. THE AIR BAGS FAILED TO DEPLOY. THE POLICE REPORTED TO THE SCENE AND A REPORT WAS FILED. THE CONTACT WAS NOT INJURED. THE VEHICLE WAS DESTROYED. THE VIN WAS NOT AVAILABLE. THE APPROXIMATE FAILURE MILEAGE WAS 81,000.					
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 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.