



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 <input type="checkbox"/>
05-AUG-2014	Reference No. 10619080
SEP 12 2014	

OWNER INFORMATION (Type or Print)

Name				Daytime Telephone Number	E-mail Address
Address					NOEMAIL@UNK.GOV
City	MILLERTON	State	NY	Evening Telephone Number	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
JS2YB413395		SUZUKI	SX4	2009
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:	
11-25-11	Village Dodge	No: Cylinders 4	gas	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
	Hudson	NY	12534	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
	<input checked="" type="checkbox"/> Cruise Control			01-AUG-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	97596	

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: DOTM4L9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		0	0	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 2009 SUZUKI SX4. THE CONTACT TOOK THE VEHICLE TO THE DEALER TO HAVE THE PASSENGER SIDE AIR BAG SERVICED. AFTER THE REPAIR, THE CONTACT NOTICED THAT THE DRIVER SIDE AIR BAG INDICATOR WAS ILLUMINATED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED AGAIN. THE FAILURE MILEAGE WAS 97,596.

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.

DESTINATION KIA

760 Central Ave Albany, NY 12206
518-482-0500 Fax: 518-438-6023

NYS DMV REG NO.
7100673

CUSTOMER NO. 19247	ADVISOR SEAN SPOFFORD	24629	TAG NO. 2156	INVOICE DATE 08/01/14	INVOICE NO. SMCS85551
[REDACTED] MILLERTON, NY	LABOR RATE 99.00	LICENSE NO.	MILEAGE 97,596	COLOR GY/	STOCK NO. 24-500
	YEAR / MAKE / MODEL 09/SUZUKI/SX4/4DR HB AT			DELIVERY DATE 08/05/11	DELIVERY MILES 70,143
	VEHICLE I.D. NO. J S 2 Y B 4 1 3 3 9 5			SELLING DEALER NO. 431745	PRODUCTION DATE
	R.T.E. NO.		P.O. NO.	R.O. DATE 07/10/14	
BUSINESS PHONE	COMMENTS				MO: 97596

JOB# 1 CHARGES

LABOR

J# 1 04SMZ OPEN RECALLS TECH(S):5317 WARRANTY

CUSTOMER STATES CHECK FOR OPEN RECALLS
ORDER VD SEAT CUSHION
CAMPAIGN
COMPLETED

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
	1	85107-80J00-CHN	TRIM ASSY		0.00
TOTAL - PARTS					0.00

JOB# 1 TOTALS

JOB# 1 JOURNAL PREFIX SMCS JOB# 1 TOTAL 0.00

TOTALS

* [] CASH [] CHECK CK NO. []	TOTAL LABOR....	0.00
* [] VISA [] MASTERCARD [] DISCOVER	TOTAL PARTS....	0.00
* [] AMER XPRESS [] OTHER [] CHARGE	TOTAL SUBLET....	0.00
	TOTAL G.O.G....	0.00
	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX.....	0.00
	TOTAL INVOICE \$	0.00

DEalersHIP MISSION

"To provide our customers with a shopping, buying, service and ownership experience that consistently satisfies each individual's needs and exceeds their expectations in a comfortable, supportive environment."

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the item/items.

CUSTOMER SIGNATURE

THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE

The Reynolds and Reynolds Company EPANITNIVE CC714204 Q (05/13)