

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

258

Date Received

11-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

725247

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

| | | | | |
|--|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| JS3TD62VIX4123467 | SUZUKI | GRAND VITARA | 1999 | |

| | | | |
|---|---------------------------------------|-----------------------------|--|
| Purchase Date 01-SEP-1999 | Dealer's Name _____ | Engine Size (CID/CCL) V6 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--|---|---|--|---|--|---|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |
|--|---|---|--|---|--|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|---|
| Component 11600000 | Part Name(s) AIR CONDITIONER | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures | Date(s) of Failure(s) 01-MAY-2000 Mileage at Failure(s) 11000 Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? Yes No | NHTSA Previously Contacted? Yes No |

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

| | | | | | |
|---|---|---------------------------|----------------------|---------------------------|---|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|---------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN THE CAR IS HOT, ESPECIALLY WHEN AT A STOP SIGN/LIGHT; A SMELL FORMS SIMILAR TO EXHAUST FUMES IS RELEASED THROUGH THE AIR CONDITIONER. I MADE THE COMPLAINT TO SHORTLINE WHEN IT WENT INTO SERVICE SHOP. THEY RETURNED THE CAR SAYING THEY DID NOT SMELL ANYTHING?? I RETURNED THE CAR A FEW DAYS LATER WHEN THE SMELL WAS PROMINENT AND THEY ADMITTED THAT OTHER COMPLAINTS HAD BEEN MADE! THEY SAID THEY NEED TO REPLACE SOME COMPONENTS IN THE A/C AND TURN IT DOWN TO STOP IT FROM FREEZING! IT IS NOT A POWERFUL A/C. THEY SAID THAT CONDENSATION IS CREATED WHEN CAR IS HOT AND ANY BACTERIA WHICH HAS FORMED GIVES OFF THIS NON-TOXIC SMELL??? PLEASE INVESTIGATE.*AK

CONTINUE ON BACK IF NEEDED

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.

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|-----------------------|---------------------------------|--|---|

| | | | |
|-----------------|-----------------------------------|--|--|
| No. of Failures | Date(s) of Failure(s) 01-MAY-2000 | Failed Part(s) Available? | NHTSA Previously Contacted? |
| | Mileage at Failure(s) 11000 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vehicle Speed at Failure(s) | | |

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