Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 28-JUN-2002

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 763589

[redacted]

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.)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
JS2GB41S5Y5181522	SUZUKI	ESTEEM	2000	

Purchase Dat: 01-DEC-2099 ☒ New ☐ Used

Dealer's Name_____ City_____ State_____ Zip Code_____

Engine Size (CID/CC/L 1.8 No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06121000 06123000 12420000	FUEL:FUEL EMISSION CONTROL:LINES:VAPOR VENT FUEL:FUEL EMISSION CONTROL:CANISTER INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
5	20-JUN-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 18426		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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

IT STARTED IN NOVEMBER 2000 MY ENGINE CHECK LIGHT CAME ON. I TOOK IT IN TO LITHIA IN OREGON THEY RESET IT . IN MARCH OF 2001 MYENGINE CHECK LIGHT CAME ON AGAIN SO I TOOK IN LITHIA IN SPARKS NV THEY RESET AGAIN . 13 MARCH 2002 THERE WAS A RECALL ON A FUEL VAPOR CONTROL VALVE AND MY CHECK ENGINE LIGHT WAS ON AGAIN THEY REPLACE THE FUEL VAPOR CONTROL VALVE AND SAID THAT WAS MY PROBLEM 12 DAYS LATER IT HAPPEN AGAIN SO THEY REPLACE MY CANISTER AIR VALVE.06/20/2002 IT CAME ON AGAIN BUT I HAVE'NT TOOK IT IN YET.

CONTINUE ON A SEPARATE SHEET

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od_rt ____ ____
np_ltr ____ ____

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OWNER INFORMATION (Type or Print)

SHELLA CAVALLO 762295
1830 KIRMAN AVE APT#C4
RENO NV 89502

Work Number: 775 852 4200
Home Number: 775 322 2085

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Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
JS2GB41S5Y5181522	SUZUKI	ESTEEM	2000	

Purchase Dat: 01-DEC-2099 ☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L 1.8
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
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No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
5	20-JUN-2002 Mileage at Failure(s 18426 Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ No

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Purchase Dat: 01-DEC-2099 ☒ New ☐ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L 1.8
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

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