

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

119

Date Received

20-JUN-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

863815

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.) (located at front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GB31F5W5147104	SUZUKI	ESTEEM	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driver's Side Airbag ☐ Passenger's Side Airbag ☐ Motorized ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06300000	Part Name(s) ELECTRICAL SYSTEM: WIRING	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 77 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 ☐ Yes ☒ No	Fire ☒ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS PLACED IN PARK FOR OVER TWO HOURS. THEN, CONSUMER NOTICED SMOKE COMING FROM THE TAIL LIGHTS, AND VEHICLE CAUGHT ON FIRE. FIRE DEPARTMENT WAS CALLED, AND DETERMINED THE CAUSE TO BE AN ELECTRICAL PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. *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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20 JUN 2000

OFFICE
DEFECTS INVESTIGATION

Od. or
1st
alt.
up. ltr

Reference No.

863815

OWNER INFORMATION (Type or Print)

614861

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES ☐ NO

In the absence of an authorized signature, please print name and address to the vehicle manufacturer.

Signature of Owner

Date 7/7/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GB31F5W5147104	SUZUKI	ESTEEM	1998	77,197

Purchase Date 4-15-98	Dealer's Name Kirill Suzuki	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
☒ New ☐ Used	City Jacksonville	State FL	Zip Code 32209

Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbell ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08300000	Part Name(s) ELECTRICAL SYSTEM: WIRING	Location ☐ Left ☐ Front ☒ Right ☒ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 10-16-00 Mileage at Failure(s) 11 Vehicle Speed at Failure(s) 0 mph	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 ☐ Yes ☒ No	Fire ☒ Yes ☐ No	Number of Persons Injured None	Number of Fatalities	Estimated Property Damage	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS PLACED IN PARK FOR OVER TWO HOURS. THEN, CONSUMER NOTICED SMOKE COMING FROM THE TAIL LIGHTS, AND VEHICLE CAUGHT ON FIRE. FIRE DEPARTMENT WAS CALLED, AND DETERMINED THE CAUSE TO BE AN ELECTRICAL PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS.
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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail												
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)												
TIRE IDENTIFICATION NO.*												
D	O	T										
MANUFACTURER/TIRE NAME										SIZE		
<i>Goodman</i>										<i>14</i>		
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.												
NARRATIVE DESCRIPTION (CONTINUED)												