

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

117

Date Received

27-JUL-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

866196

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 driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JS1GW71A5Y2103406	SUZUKI MOTORCY	GSX1300	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L)	☐ 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 ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 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 ☐ Stationwagon ☐ Pick Up Truck ☒ Other
--	---	---	--	--	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures 1	Date(s) of Failure(s) 04-JUN-2000 Mileage at Failure(s) _____ 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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
--	---	--------------------------------	---------------------------	---------------------------	---

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

FUEL TANK ON THE MOTORCYCLE HAS A PIVOT. COULD HEAR FUEL POURING OUT. RETURN FUEL HOSE HAD FALLEN OFF. WAS SERVICING THE OIL FILTER & CHANGING THE OIL WHEN THIS HAD HAPPENED. THE CLAMP HAD NO TENSION ON IT. *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.

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

117

Date Received

27-JUL-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

866196

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 driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JS1GW71A5Y2103406	SUZUKI MOTORCY	GSX1300	2000	

Purchase Date

Dealer's Name

Engine Size

(CID/CC/L

No Cylinders

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☒ New ☐ Used

City _____ State _____ Zip Code _____

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☐ Yes☐ 3-Point Belt☐ Motorbelt☐ Yes☐ Front☐ Car☐ Sport Vlt☐ 2-Door☐ Automatic☒ No☐ Driverside Airbag☐ 2-Point Belt☒ No☐ Rear☐ Van☐ Truck☐ 4-Door☐ Other☐ Passengerside Airbag☐ 4-Wheel☐ Minivan☐ Motorcycle☐ Stationwagon☐ Pick Up Truck☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
-----------------------	--	--	---

No. of Failures

1

Date(s) of Failure(s) 04-JUN-2000

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA 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

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No☐ Yes ☒ No

0

0

☐ Yes ☒ No

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

FUEL TANK ON THE MOTORCYCLE HAS A PIVOT. COULD HEAR FUEL POURING OUT. RETURN FUEL HOSE HAD FALLEN OFF. WAS SERVICING THE OIL FILTER & CHANGING THE OIL WHEN THIS HAD HAPPENED. THE CLAMP HAD NO TENSION ON IT. *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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 623554		Date Received: JUN 17 PM 2:02 27-JUL-2000 OFFICE DEFECT INVESTIGATION Od or rt dt: _____ od_n up_tr: _____ Reference No. 866196 Work Number: [Redacted] Home Number: [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: [Redacted] Date: 8/13/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) JS1GW71A5Y2103406		Vehicle Make SUZUKI MOTORCYCLE Vehicle Model GSX1300 Vehicle Year 2000 Current Odometer Reading 840 mi.	
Purchase Date: _____ ☒ New ☐ Used		Dealer's Name: BUCKLE CYCLE SUZUKI City: Morestown State: PA Zip Code: _____ Engine Size (CID/CC): 1300 cc No Cylinders: 4 ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
Transmission Type: ☒ Manual ☐ Automatic		Antilock Brakes: ☐ Yes ☒ No Restraint System: ☐ 3-Point Belt ☐ Motor belt ☐ Driver side Airbag ☐ 2-Point Belt ☐ Passenger side Airbag Cruise Control: ☐ Yes ☒ No Drive Train: ☐ Front ☐ Rear ☐ 4-Wheel Vehicle Type: ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06113000		Part Name(s): FUEL:FUEL TANK ASSEMBLY:TANK	
No of Failures 1		Date(s) of Failure(s): 04-JUN-2000 Mileage at Failure(s): 602 Vehicle Speed at Failure(s): 0	
Location: ☐ Left ☐ Right ☐ Front ☐ Rear		Failed Part(s): ☐ Original ☐ Replacement	
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: 0		Number of Fatalities: 0	
Estimated Property Damage: _____		Reported to Police: ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
FUEL TANK ON THE MOTORCYCLE HAS A PIVOT. COULD HEAR FUEL POURING OUT. RETURN FUEL HOSE HAD FALLEN OFF. WAS SERVICING THE OIL FILTER & CHANGING THE OIL WHEN THIS HAD HAPPENED. THE CLAMP HAD NO TENSION ON IT. *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 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.			



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATIONALLY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10-01
400 7th Street, SW
Washington, DC 20590

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300

I was in the process of performing the alarm service. I had removed seat and lifel and prepared tank up and supported it with supplied prop rod. I removed prop side bearing to facilitate air filter removal. When I heard a sound like water running. I looked under bike and saw a lot of fluid pouring down with a strong odor of gasoline. I immediately looked at fuel tank to see that the fuel return hose had fallen off. I pushed it back on (clump and all) with little resistance there was gas all over the bike and in the carpet of my living room. I was scared there would be a fire or explosion so I opened windows for a days. I feel this is a poor design and odd cause severe injury or death. The bike was hot at time of incident and I feel it causes the rubber hose to happen because it extends the rubber hose. The remedy for this would be to install fuel injection type hose clamps instead of the weak spring tension ones. I had installed those myself per fear of another recurrence. I AM NOT THE ONLY THIS HAS HAPPENED

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. *																			
<table border="1"> <tr> <td>0</td> <td>0</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										0	0	1							
0	0	1																	
MANUFACTURER/TIRE NAME					SIZE														
* 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)																			