



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 125

Date Received

14-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

894291

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JSS3TE62V2Y410466		SUZUKI TRUCK	GRAND VITARA	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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ 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 08112000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER RECEIVED RECALL 01F011000, AND CONTACTED THE DEALER . DEALER HAD NO PARTS AVAILABLE TO CORRECT THE PROBLEM. PLEASE GIVE ANY FURTHER DETAILS. *AK

COPIES OF THIS FORM ARE:

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 Transportation National 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 125 Date Received <u>14-AUG-2001</u> Office <u>DEFECTS INVESTIGATION</u> Od or <u>rt dt</u> ed <u>tr</u> up <u>tr</u> Reference No. <u>894291</u>	
OWNER INFORMATION (Type or Print) <u>[Redacted]</u> <u>707796</u>				Work Number <u>[Redacted]</u> Home Number <u>[Redacted]</u>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an address to the vehicle manufacturer, address to the Signature of Owner <u>[Redacted]</u>				YES ☒ NO ☐ Date <u>08/15/01</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>J3S3TE6ZV2Y4104686</u>		Vehicle Make <u>SUZUKI TRUCK</u>		Vehicle Year <u>2000</u>	
Vehicle Mode <u>GRAND VITARA</u>		Current Odometer Reading <u>27202</u>		Engine Size (CID/CC/L) <u>to</u> No Cylinders <u>to</u> ☐ Turbo Diesel Gas Fuel Injection	
Purchase Date <u>June 00</u> ☐ New ☒ Used		Dealer Name <u>Ed Schmidt</u> City <u>Maurice</u> State <u>OH</u> Zip Code <u></u>		Transmission Type ☐ Manual ☒ Automatic Antilock Brakes <u>X NO</u>	
Restraint System ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag		Cruise Control ☒ Yes ☐ No		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	
Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other		Body Style ☒ Sport Utility Truck ☐ 2-Door ☐ 4-Door ☐ Station wagon ☐ Pick Up Truck		Motorcycle ☐	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>06112000</u>		Part Name(s) <u>FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK</u>		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No. of Failures <u></u>		Date(s) of Failure(s) <u></u> Mileage at Failure(s) <u></u> Vehicle Speed at Failure(s) <u></u>		Failed Part(s) ☐ Yes ☐ No	
NHTSA Previously ☐ 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 <u></u>	
Number of Fatalities <u></u>		Estimated Property Damage <u></u>		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
CONSUMER RECEIVED RECALL 01F011000, AND CONTACTED THE DEALER. DEALER HAD NO PARTS AVAILABLE TO CORRECT THE PROBLEM. PLEASE GIVE ANY FURTHER DETAILS. *AK					

CONTINUE ON BACK IF NEEDED

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