



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 920

Date Received

13-SEP-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

896298

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>(Location at bottom of windshield or driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN PLEASE	SUZUKI TRUCK	GRAND VITARA	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08132000	Part Name(s) FUEL:FUEL LINES:HOSES:NON-METALLIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 15-MAY-2001 38000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER RECEIVED NOTIFICATION FOR RECALL 01V146000. DEALERSHIP CANCELLED APPOINTMENT TO CORRECT THE DEFECT BECAUSE PARTS WERE NOT AVAILBLE FROM MANUFACTURER. DEALERSHIP WAS REFUSING TO SERVICE VEHICLE, AND HAS MADE NO FURTHER ATTEMPT TO RESCHEDULE APPOINTMENT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*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.

 <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 920</p>	
		<p>Date Received 01 OCT - 3 PM 4:06 13-SEP-2001 OFFICE OF INVESTIGATION</p>	<p>Od_or _____ rt_dt _____ od_rt _____ up_tr _____</p>
<p>OWNER INFORMATION (Type or Print)</p>		<p>Reference No. 896298</p>	
<p>[Redacted] 714759</p>		<p>Work Number [Redacted] Home Number [Redacted]</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized representative, you must provide your name and address to the vehicle manufacturer.
 Signature of Owner [Redacted] Date 9/16/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(located at front windshield on driver's side)</small> JS37062K3X411511 FILL IN PLEASE	Vehicle Make SUZUKI TRUCK	Vehicle Model GRAND VITARA	Vehicle Year 1999	Current Odometer Reading 39400	
Purchase Date July 1999	Dealer's Name Phil Long Suzuki		Engine Size (CID/CC/L) No. Cylinders 6	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Colorado Springs State CO Zip Code _____				
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver's side Airbag <input checked="" type="checkbox"/> Passenger's side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front Wheel <input checked="" type="checkbox"/> Rear Wheel	Vehicle Type <input type="checkbox"/> Car Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06132000	Part Name(s) FUEL:FUEL LINES:HOSES:NON-METALLIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 15-MAY-2001	Mileage at Failure(s) 30000 35000	Vehicle Speed at Failure(s) _____
		Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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