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 | 920 |
|---|---|
| Date Received: 15-NOV-2001 | Od_or ____ ____<br>rt_dt ____ ____<br>od_rt ____ ____<br>op_ltr ____ ____ |
| | Reference No.: 899143 |

[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.) (Locate at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| JS3TD62V1Y4130212 | SUZUKI TRUCK | GRAND VITARA | 2000 | |

| Purchase Dat | | Engine Size | |
|---|---|---|---|
| ☒ New ☐ Used | Dealer's Name_____<br>City_____ State_____ Zip Code_____ | (CID/CC/L ____<br>No Cylinders _____ | ☐ Turbo<br>☐ Diesel<br>☐ Gas<br>☐ Fuel Injectio |

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

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 06130000 | FUEL:FUEL LINES FITTINGS AND PUMP | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failure | Dates of Failure(s) 14-NOV-2001<br>Mileage at Failure(s 14000<br>Vehicle Speed at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | | ☐ Yes ☐ No | ☐ 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 Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | 0 | 0 | | ☐ Yes ☒ No |

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

**CONSUMER RECEIVED NOTIFICATION THAT HIS VEHICLE WAS AFFECTED BY RECALL 01V146000. DEALERSHIP HAS BEEN UNABLE TO OBTAIN COMPONENTS TO CORRECT THE DEFECT FROM MANUFACTURER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*AK**

CONTINUE ON A SEPARATE SHEET

Form Approved: O M B No 2127-0038

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 920

Date Received: 15-NOV-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 899143

OWNER INFORMATION (Type or Print)

[redacted] 726015

Work Number

Home Nu [redacted]

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?* ☒ YES ☐ NO
*In the absence of an authori[redacted] NOT provide your name and address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 11/29/01

VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Mak | Vehicle Mode | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| JS3TD62V1Y4130212 | SUZUKI TRUCK | GRAND VITARA | 2000 | 14,540 |

Purchase Date 8/2000 ☒ New ☐ Used

Dealer's Name Walkem Motors
City Canton State OH Zip Code

Engine Siz (CID/CC/L
No Cylinders

☐ Turbo ☐ Diesel ☐ Gas ☑ Fuel Injectio

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

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 06130000 | FUEL:FUEL LINES FITTINGS AND PUMP | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacemen |

No of Failures

Date(s) of Failure(s) 14-NOV-2001
Mileage at Failure(s) 14000
Vehicle Speed 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 | 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)

**CONSUMER RECEIVED NOTIFICATION THAT HIS VEHICLE WAS AFFECTED BY RECALL 01V146000. DEALERSHIP HAS BEEN UNABLE TO OBTAIN COMPONENTS TO CORRECT THE DEFECT FROM MANUFACTURER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS AK**

CONTINUE ON BACK IF NEEDED