



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 §20

Date Received

15-NOV-2001

Ord or _____
rt dt _____
pd rt _____
rp ltr _____

Reference No.

899143

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 or driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JS3TD62V1Y4130212		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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 14-NOV-2001	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 14000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

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	C	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

COPIES OF REPORTS - SEE PAGE 2

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
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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

Form Approved OMB No. 2127-0038

FOR AGENCY USE ONLY

920

Date Received

45-NOV-2001

Od. or
rt. at
od. rt
up. ltr

Reference No.

899143

Work Number

Home No.

OWNER INFORMATION (Type or Print)

726015

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized signature, NHTSA will NOT provide your name and address to the vehicle manufacturer.

☒ YES ☐ NO

Signature of Owner

Date 11/24/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

JS3TD62V1Y4130212

Vehicle Make

SUZUKI TRUCK

Vehicle Model

GRAND VITARA

Vehicle Year

2000

Current Odometer Reading

14,540

Purchase Date

8/2000

Dealer's Name

Waikem Motors

Engine Size
(CID/CC/L)

No. Cylinders

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

☒ New ☐ Used

City

Canton

State

OH

Zip Code

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 Utility

☐ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☐ 4-Door

☐ Stationwagon

☐ Pick Up

☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
06130000

Part Name(s)

FUEL:FUEL LINES FITTINGS AND PUMP

Location

☐ Left
☐ Front

☐ Right
☐ Rear

Failed Part(s)

☐ Original
☐ Replacement

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

☐ 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)

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

SIGNATURE (ON BACK IF NEEDED)

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