



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received  
2003 MAY -7 PM 12: 26

Repository

22-APR-2003

Reference No.  
10017335

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: LAWRENCEVILLE State: GA Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to use your information in the absence of an authorized Signature of Owner

of your vehicle?  YES  NO  
address to the vehicle manufacturer.  
Date: 4/1/03

**VEHICLE INFORMATION**

[Redacted]		Make ISUZU	Model AMIGO	Model Year 1997
Date Purchased 9/02	Dealer's Name and Telephone Number LOU SOBH 7702320099		Engine: No. Cylinders 4	Fuel Type: gas
Original Owner <input type="checkbox"/>	Dealer's City DULUTH	State GA	Zip Code 30096	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code B36000 SERVICE BRAKES, HYDRAULIC:ANTILOCK	
Multiple Failure: 1				

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

Incident Date(s) 21-APR-2003	Failure Message	Failure Speed	
---------------------------------	-----------------	---------------	--

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

*Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).*

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
--	---	---------------------------	------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  
i.e. parts repaired or replaced (and if old part is available).

THE CONSUMER RECEIVED RECALL NOTICE CAMPAIGN #021002000. THE DEALER STATED THE PARTS WERE ON ORDER. THE CONSUMER EXPERIENCED A PROBLEM WITH THE RECALL PARTS AND WAS CONCERNED ABOUT THE SAFETY OF THE VEHICLE. \*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

On wet roads, Car won't stop properly. Dangerous to operate. Have been waiting for parts over 11 months.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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 NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) & DOT



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
http://www.nhtsa.gov