



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

FDR AGENCY USE ONLY 100161

Date Received

Repository ☐

2004 FEB 19 AM 9:59
05-JAN-2004

Reference No.
10053418

OWNER INFORMATION (Type or Print)

Name

Address

City DOUGLASVILLE

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Same

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner *[Signature]* Date 1-27-04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4S2CE58X5

Make

ISUZU

Model

AXIOM

Model Year

2002

Date Purchased
18-OCT-02

Dealer's Name and Telephone Number

770/991-8550

Engine: 3.5L 4-cyl

Fuel Type:

No. Cylinders

unleaded

Original Owner

☒

Dealer's City

Lithia Springs

State

GA

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Vehicle Component Code

151300 SEAT BELTS: FRONT: RETRACTOR

Multiple Failure: 2+ replaced 2x
Fault every time used

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

every
time
used

Failure Mileage

20

Failure Speed

0-40 (all)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R16)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

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 FRONT PASSENGER SEAT BELT, ONCE BUCKLED, WILL ONLY RETRACT AND BECOMES DIFFICULT TO RELEASE. THE DEALER REPLACED THE SEAT BELT RETRACTOR TWICE, BUT THE PROBLEM STILL EXISTS. "AN"

It has been "looked at" multiple other times with various excuses given

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

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 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.