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 100184

2004 MAR 17 AM 11:09

Date Received	Repository
08-FEB-2004	
Reference No.	
10057661	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City CORNING / State CA / Zip Code [redacted]		

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 [redacted] Date 2-23-04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located on lower left of windshield on driver's side)	Make	Model	Model Year
4S2CM57W5X[redacted]	ISUZU	AMIGO	1999

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
11-2002	Bordsong Auto 530-527-5242		UNLEADED
Original Owner ☐	Dealer's City: Red Bluff / State: CA / Zip Code: 96080		

Transmission Type	Antilock Brakes	Powertrain	Vehicle Component Code
Automatic	☐ Cruise Control		036100:SERVICE BRAKES, HYDRAULIC:ANTILOCK:CONTROL UNIT/M
			Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-DEC-2002	48000		

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: DOTMALSABC038)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

CONSUMER RECEIVED RECALL 021-002-000, CONCERNING ABS CONTROL UNIT/MODULE FAILURE. THE RECALLED PART NEEDED TO BE REPLACED SINCE THE RECALL WAS DONE. VEHICLE DID NOT STOP IN TIME AND THERE WAS A GRINDING NOISE ~~EVERY TIME THE BRAKES WERE PRESSED AND~~

There is a grinding noise when braking on gravel, bumps in the road, or a slippery road; and the stopping distance is extended because of this. Also, in these road situations the brakes feel different when pressed down.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY