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 252

Date Received	Repository ☐
7JUL MIC 12 PM 5:01	Reference No. 10070223

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City GARDEN GROVE	State CA	Zip Code [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the manufacturer. ☐ YES ☒ NO

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 Digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
4S2CK58V0V4[redacted]	ISUZU	RODEO	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
2-98	SANTA ANA ISUZU				
Original Owner	Dealer's City	State	Zip Code		
NO	SANTA ANA	CA	92705	4	

Transmission Type			Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control	Powertrain	203000 WHEELS:LUGS/NUTS/BOLTS Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-JUN-2004			

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: DOTMALSABC036)	☐ 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).

WHILE DRIVING A LOUD NOISE WAS HEARD FROM THE PASSENGER SIDE. CONSUMER PULLED OVER, AND NOTICED THAT THE PASSENGER SIDE TIRE BLEW OUT. CONSUMER CALLED FOR ROADSIDE ASSISTANCE. CONSUMER COULD NOT CHANGE THE TIRE BECAUSE LUGS/NUTS/BOLTS WERE ON TIGHTLY. CONSUMER TRIED AGAIN AND DRIVER SIDE LUGS/NUTS SHEARED OFF. CONSUMER HAD THE VEHICLE TOWED TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT THE LUGS/NUTS WERE ON BACK ORDER. CONSUMER INFORMED THE MECHANIC THAT THIS IS WAS THE SECOND SET OF LUGS/NUTS THAT WERE REPLACED. *AK

Also have taken the car For Tire-Rotation--- and they still Break The Bolts.

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