



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 24-MAR-2006	Repository <input type="checkbox"/>
Reference No. 10115819	

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: LIMERICK State: ME Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]  
Evening Telephone Number: [REDACTED]

YET.COM

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 4/6/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1B3EJ46X4XN [REDACTED] JACCN57X417 [REDACTED]  
Make: ISUZU Model: VEHICROSS Model Year: 2001  
Date Purchased: 4-30-04 Dealer's Name and Telephone Number: MAINE MALL MOTORS 207-774-1429  
Original Owner:  Dealer's City: South Portland State: ME Zip Code: 04106  
Engine: No. Cylinders: 6 Fuel Type: Gas  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: ALL WHEEL DRIVE  
Vehicle Component Code: 133000 VISIBILITY: POWER WINDOW DEVICES AND CONTROLS  
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 24-MAR-2005 Failure Mileage: [REDACTED] Failure Speed: 55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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 0	Number of Deaths 0	Reported to Police N
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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 LEFT AND RIGHT SIDE WINDOWS FAILED TO ROLL UP AND DOWN ON THEIR OWN. DRIVER NOTICED THAT BOTH WINDOWS FELL OFF THE TRACK, AND THE DRIVER TRIED TO PULL UP THE WINDOWS BUT FAILED TO DO SO. DRIVER DROVE VEHICLE TO THE DEALER FOR INSPECTION. AND MECHANIC DETERMINED THAT THE MOTOR NEEDED REPLACEMENT. \*AK  
WINDOW

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 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.

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

all service was performed by NORMAN-DAVID ISUZU 140 LARRABEE Rd  
WESTBROOK MAINE 04092 Tel. 207-856-6715

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

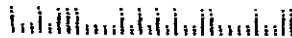
**BUSINESS REPLY MAIL**

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**

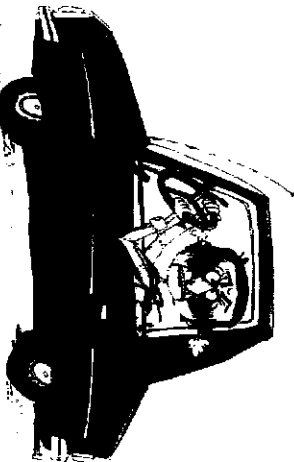
**TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR**

**DASH2DOT**

and dial toll free at

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1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).