



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 100148

Date Received  
27-MAR-2005

Repository   
Reference No.  
10122284

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City SEVERN State MD Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address MARIA.PHEENEY@DOJ.GOV  
Evening Telephone Number [Redacted]

Do you authorize NHTSA to conduct a survey of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 3/6/05 [Redacted]

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side [Redacted] Make ISUZU Model ISUZU Model Year 1999  
Date Purchased 01-OCT-99 Dealer's Name and Telephone Number [Redacted] Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain UNKNOWN  
Vehicle Component Code D90000 FUEL SYSTEM, OTHER  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 27-MAR-2005 Failure Mileage 73000 Failure Speed [Redacted]

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)  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  Yes  No Fire  Yes  No Number of Persons Injured [Redacted] Number of Deaths [Redacted] 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).

DT: CONSUMER STATES THAT THE FUEL GAUGE IS NOT WORKING PROPERLY. SHE IS CONCERNED THAT SHE WILL RUN OUT OF GAS AND SHE CANNOT KEEP UP WITH HOW MUCH GAS SHE ACTUALLY HAS. \*TT

*She stops on portion of highway. She is from York and is staying mostly empty.*

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

The Privacy Act of 1974 (Public Law 93-502) 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.