



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

Repository

2005 NOV 29
02-NOV-2005

Reference No.

10141505

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: OCALA State: FL Zip Code: [Redacted]

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 _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4S2CK58 [Redacted]
Make: ISUZU Model: RODEO Model Year: 1995

Date Purchased: 27-JUL-95 Dealer's Name and Telephone Number: AL PACKER ISUZU 851-689-6550 Engine: No. Cylinders: 6 Fuel Type: Gas

Original Owner: Dealer's City: WEST PALM BEACH State: FL Zip Code: 33401

Transmission Type: AUTOMATIC Antilock Brakes Powertrain: 2 WHEEL DRIVE
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 02-JUL-2006 Failure Mileage: 100000 Failure Speed: 5

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: DOTM18ABC036) 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: _____ Number of Deaths: _____ 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: THE CONTACT COMPLAINED ABOUT AN INTERMITTENT STALLING PROBLEM. THIS HAPPENED DRIVING 5 TO 75 MPH. SHE TOOK THE VEHICLE TO A MECHANIC FOR DIAGNOSTIC TESTING. THE FUEL FILTER AND INJECTOR WERE REPLACED. THE PROBLEM SEEMED TO HAVE GONE AWAY, BUT CURRENTLY RECURRED. THIS HAS BEEN HAPPENING FOR THE LAST FOUR MONTHS. SHE SPOKE WITH AN AUTHORIZED DEALERSHIP, AND THEY SUGGESTED THAT SHE BRING THE VEHICLE IN FOR SERVICE. SHE DID MAKE AN APPOINTMENT FOR THE SAME DAY.
*AK

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.