



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  
2006 OCT 25 PM 2:15  
06-OCT-2006

Repository   
Reference No.  
10170105

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City GREAT LAKES State IL Zip Code 60088

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 17 FEB 2006

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
452CM57V [REDACTED] Make ISUZU Model AMIGO Model Year 1998  
Date Purchased 16 Sept 2004 Dealer's Name and Telephone Number K TOWN AUTO SALES  
Original Owner  Dealer's City 3611 - 60TH ST. State WI Zip Code 53144  
Transmission Type MANUAL  Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 353600 EQUIPMENT:ELECTRICAL:AIR CONDITIONER  
 Cruise Control Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 10-FEB-2006 Failure Mileage 76000 Failure Speed 0

**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: DOTM9ABC036)  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 0 Number of Deaths 0 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 STATED THE AIR CONDITIONING RATTLED CONSTANTLY FROM THE TIME THE VEHICLE WAS STARTED. THE CONTACT WAS CONCERNED WHATEVER WAS RATTLING MAY DAMAGE THE ENGINE.

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 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.