



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 ☐

31-MAR-2008

2008 MAY -6 AM 7:26

Reference No.
10222932

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City STERLING HEIGHTS

State MI

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

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 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4S2DF36X02 [REDACTED]

4S2DF58X02A [REDACTED]

Make

ISUZU

Model

AXIOM

Model Year

2003

2002

Date Purchased
18-MAY-02

Dealer's Name and Telephone Number
TAMEROFF MOTORS

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

SOUTH FIELD

State

MI

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

030000 SERVICE BRAKES, HYDRAULIC

Multiple Failure: 20

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
26-JUN-2003

Failure Mileage
8000

Failure Speed

0

NEAR STOP

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: DOTM19ABC036)

☐ 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

0

Number of Deaths

0

Reported to Police

☒

☒ NO TICKET GIVEN

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).

TL*THE CONTACT OWNS A 2003 ISUZU AXIOM. WHILE DEPRESSING THE BRAKE PEDAL, THE VEHICLE ACCELERATES. THE CONTACT HAS TO APPLY MORE PRESSURE TO THE BRAKE PEDAL IN ORDER FOR THE VEHICLE TO COME TO A COMPLETE STOP. THE VEHICLE WAS TAKEN TO A DEALER ONCE, BUT THEY COULD NOT DUPLICATE THE FAILURE. THE CURRENT MILEAGE WAS 65,000 AND FAILURE MILEAGE WAS 8,000.

FURTHER, THE FAILURE OCCURES WHEN BREAKING TO A STOP. NEAR THE END OF THE STOP (AS CAR APPROACHES STOP), THE ENGINE REVS-UP, AND THE CAR MOVES FORWARD. THIS IS NOT A QUESTION OF HITTING THE GAS AS WELL AS THE BREAK.

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.



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rbf

As a result of your report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the drivers door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.
Thank you for your cooperation.

Sincerely,

Ronald B. Fields, Chief
Correspondence Research Division
Enforcement

Enclosure: VOQ



Call For Service

CFS Number: _____
Date: 3/18/2008

Call For Service

CFS Number _____
Date 3/18/2008
Dispatcher 00908 - Szczepanowski, V
Call Source 1 - 911
Received 10:55:06 AM
Dispatched 10:55:35 AM
Arrived 10:59:57 AM
Cleared 11:37:41 AM
Location _____
City, State, Zip FARMINGTON HILLS, MI _____
Jurisdiction _____
Grid _____
Sector _____
Map 0 - N/A
X Coordinate 4078165
Y Coordinate 0108357

Complainant _____
Address 42:28:12N,83:24:57W
City, State, Zip FARMINGTON HILLS, MI _____
Phone _____
Call type _____
Reported Offense C3170 - Private Property Traffic Crash
Verified Offense C3170 - Private Property Traffic Crash
Tow Company _____
Vehicle _____
Vehicle License _____
Disposition ADV - Advised
Priority _____
Classification _____
Agency FH - Farmington Hills PD
Case _____

Officers

00364 - Skazalski, M

CFS Subject Profiles: _____, _____

Full Name _____
CSZ Sterling Hts, MI
Work Phone _____
Race W - White
DOB _____
Hair Color _____
Height _____
DLN _____
Driver License Exp. _____

Address _____
Home Phone _____
Sex M - Male
Ethnicity _____
Age _____
Eye Color _____
Weight _____
State MI - Michigan
SSN _____

CFS Subject Profiles: _____

Full Name _____
CSZ West Bloomfield, MI
Work Phone _____
Race W - White
DOB _____
Hair Color _____
Height _____

Address _____
Home Phone _____
Sex M - Male
Ethnicity _____
Age _____
Eye Color _____
Weight _____

Call For Service

CFS Number: _____
Date: 3/18/2008

DLN
Driver License Exp.

State
SSN

CFS Subject Profiles:

[REDACTED]

Full Name [REDACTED]
CSZ Northville, MI [REDACTED]
Work Phone [REDACTED]
Race W - White
DOB [REDACTED]
Hair Color [REDACTED]
Height [REDACTED]
DLN [REDACTED]
Driver License Exp. [REDACTED]

Address [REDACTED]
Home Phone [REDACTED]
Sex M - Male
Ethnicity [REDACTED]
Age [REDACTED]
Eye Color [REDACTED]
Weight [REDACTED]
State [REDACTED]
SSN [REDACTED]

Notes - C3170 PP PDA

00908 - 10:55:06 SIL ISUZU
00908 - 10:55:06 Original Location : TOMATOS PIZZA
00364 - 11:06:38 DRIVER #1 MAKING U-TURN IN PARKING LOT LOST CONTROL OF VEHICLE (STATES
00364 - 11:06:38 CAR SPED UP WHEN HE HIT THE
00364 - 11:09:12 BRAKE) [REDACTED] CLINCH W/M 8/16/65 OF [REDACTED]
00364 - 11:09:12 48312 [REDACTED]
00364 - 11:12:57 [REDACTED] VEH#1 TAN 02 ISUZU MI/BMY3906 VIN 4S2DF58X024 [REDACTED] CITIZENS
00364 - 11:12:57 INS [REDACTED]
00364 - 11:15:02 VEH #2 (PARKED) 98 BLACK TOYOTA MI/BHJ6017 VIN 4T1BG22K7WU [REDACTED] OWNER.
00364 - 11:15:02 [REDACTED]
00364 - 11:16:59 [REDACTED] W/M 4/8/73 OF [REDACTED] W.B. [REDACTED] AAA INS
00364 - 11:16:59 3692755802002, VEH #3
00364 - 11:19:05 WHITE 2002 PONTIAC MI/BEK9969 VIN 1G2HX54K624 [REDACTED] OWNER [REDACTED]
ALBERT
00364 - 11:19:05 PISTONETTI W/M 2/3/80 OF [REDACTED]
00364 - 11:21:05 [REDACTED] CIR, NORTHVILLE [REDACTED] BRISTOL WEST
00364 - 11:21:05 INS [REDACTED]
00364 - 11:22:08 VEH #1 STRUCK PARKED VEH#2 FORCING VEH #2 INTO PARKED VEH #3
00364 - 11:37:25 DAMAGE LF OF VEH 1, RIGHT SIDE AND LEFT SIDE VEH #2, RIGHT SIDE OF VEH #3