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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------|--|--------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                             |            |                                                                     |    | <b>FOR AGENCY USE ONLY 100148</b>                                                                       |  |                                            |
| <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                     |    | <b>Date Received</b><br><div style="font-size: 1.5em; font-weight: bold;">SEP 30 2010</div> 28-JUL-2010 |  | <b>Repository</b> <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    |                                                                                                         |  | <b>Reference No.</b><br>10345876           |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                     |    |                                                                                                         |  |                                            |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                                                     |    | <b>Daytime Telephone Number</b>                                                                         |  |                                            |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                     |    | <b>E-mail Address</b>                                                                                   |  |                                            |
| <b>City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BARNSTABLE | <b>State</b>                                                        | MA | <b>Zip Code</b>                                                                                         |  |                                            |
| <i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i>                                                                                                                                                                                                                                                            |            |                                                                     |    |                                                                                                         |  |                                            |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                     |    |                                                                                                         |  |                                            |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Make                                                                |    | Model                                                                                                   |  |                                            |
| 4S2DF58X524                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | ISUZU                                                               |    | AXIOM                                                                                                   |  |                                            |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Dealer's Name and Telephone Number                                  |    | Model Year                                                                                              |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    | 2002                                                                                                    |  |                                            |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Dealer's City                                                       |    | Engine:                                                                                                 |  |                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                     |    | No: Cylinders                                                                                           |  |                                            |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | State                                                               |    | Zip Code                                                                                                |  |                                            |
| <input type="checkbox"/> Antilock Brakes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | MA                                                                  |    |                                                                                                         |  |                                            |
| <input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                     |    |                                                                                                         |  |                                            |
| Powertrain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Multiple Failure:                                                   |    | Incident Date(s)                                                                                        |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    | 19-JUL-2010                                                                                             |  |                                            |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                     |    |                                                                                                         |  |                                            |
| Vehicle Component Codes: 160000 STRUCTURE, 161000 STRUCTURE: FRAME AND MEMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                     |    | Failure Mileage                                                                                         |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    | 73195                                                                                                   |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    | Failure Speed                                                                                           |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    | 0                                                                                                       |  |                                            |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                     |    |                                                                                                         |  |                                            |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Tire Model (Name or Number)                                         |    | Tire Size (Example P215/65R15)                                                                          |  |                                            |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | <input type="checkbox"/> Original Equipment                         |    | Failure Location:                                                                                       |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | <input type="checkbox"/> Prior Repair                               |    |                                                                                                         |  |                                            |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                     |    | Tire Failure Type:                                                                                      |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    |                                                                                                         |  |                                            |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                                                     |    |                                                                                                         |  |                                            |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Date Manufactured:                                                  |    | Model No./Name:                                                                                         |  |                                            |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Installation System:                                                |    |                                                                                                         |  |                                            |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Failed Part:                                                        |    |                                                                                                         |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    |                                                                                                         |  |                                            |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                     |    |                                                                                                         |  |                                            |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                     |    |                                                                                                         |  |                                            |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Fire                                                                |    | Number of Persons Injured                                                                               |  |                                            |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    | Number of Deaths                                                                                        |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    | Reported to Police                                                                                      |  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |    | N                                                                                                       |  |                                            |
| <b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b><br>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 2002 ISUZU AXIOM. WHILE THE VEHICLE WAS BEING SERVICED FOR AN UNRELATED REPAIR, THE CONTACT WAS ADVISED THAT THE ENTIRE FRAME WAS SEVERELY RUSTED AND THE VEHICLE WAS UNSAFE TO DRIVE. THE CONTACT DROVE THE VEHICLE TO HIS RESIDENCE WHERE IT WAS PARKED UNTIL REPAIRS. THE MANUFACTURER ADVISED HIM THAT THE VEHICLE WAS NOT UNDER WARRANTY, BUT NHTSA WAS INVESTIGATING THE FAILURE FOR THOSE CONSUMERS IN THE NEW ENGLAND STATES. THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 73,195.                                              |            |                                                                     |    |                                                                                                         |  |                                            |
| 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. |            |                                                                     |    |                                                                                                         |  |                                            |