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
JAN 21 2011	☐
15-OCT-2010	Reference No. 10360633

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City WEYMOUTH	State MA	Zip Code [redacted]	Evening Telephone Number [redacted]

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4S2DM58W014[redacted]	ISUZU	RODEO	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City Weymouth	State Ma.	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
AUTOMATIC	☑ Antilock Brakes ☐ Cruise Control	Powertrain		12-OCT-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 022000 SUSPENSION: REAR, 022520 SUSPENSION: REAR: AXLE: NON-POWERED AXLE ASSEMBLY	Failure Mileage	Failure Speed
	116382	20

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TL* THE CONTACT OWNS A 2001 ISUZU RODEO. THE CONTACT WAS DRIVING 20 MPH WHEN THE REAR AXLE FRACTURED FROM THE VEHICLE DUE TO CORROSION AND RUST. THE CONTACT WAS ABLE TO DRIVE TO HER RESIDENCE WHERE SHE CONTACTED THE DEALER. THE DEALER REFERRED THE CONTACT TO THE MANUFACTURER WHERE HE WAS INFORMED THAT THE VEHICLE WAS NOT UNDER RECALL. THE MANUFACTURER OFFERED NO FURTHER ASSISTANCE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 116,382.

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