APR - 9 2015

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: 28-JAN-2015	Repository ☐
	Reference No.: 10679439

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: RICHLAND	State: WA	Zip Code: [redacted]	Evening Telephone Number

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
4S2DF58X124 [redacted]	ISUZU	AXIOM	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City: Pasco	State: Wa	Zip Code	6	reg

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
auto	☒ Antilock Brakes ☒ Cruise Control	4wheeldrive		15-DEC-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 100000 POWER TRAIN, ENGINE (PWS)	Failure Mileage	Failure Speed
	106330	

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 2002 ISUZU AXIOM. THE CONTACT STATED THAT WHILE DRIVING AT APPROXIMATELY 20 MPH, THE ENGINE STALLED AND THE CHECK TRANSMISSION WARNING LIGHT ILLUMINATED. THE VEHICLE WAS MERGED TO THE SIDE OF THE ROAD. THE VEHICLE WAS UNABLE TO BE RESTARTED AND WAS TOWED TO AN INDEPENDENT MECHANIC. THE TECHNICIAN WAS UNABLE TO REPLICATE THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 106,330. THE VIN WAS NOT AVAILABLE.

The repair shop is working on it on their spare time, that way they will not charge me any more money. The vehicle is not yet repaired.

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