



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

INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6)
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

OR AGENCY USE ONLY 100148

Date Received 26-JAN-2017	Repository <input type="checkbox"/>
	Reference No. 10947748

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City ROSEMOUNT	State MN	Zip Code	[REDACTED]
Daytime Telephone Number [REDACTED]		E-mail Address	
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 or driver's side 4S2DM58W1Y4 [REDACTED]	Make ISUZU	Model RODEO	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 25-JAN-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 020000 SUSPENSION, 160000 STRUCTURE	Failure Mileage 125000	Failure Speed 35
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 2000 ISUZU RODEO. WHILE DRIVING BETWEEN 35-40 MPH, THE CONTACT LOST CONTROL OF THE VEHICLE, WHICH RESULTED IN A SIDE IMPACT COLLISION. THE FAILURE OCCURRED WITHOUT WARNING. A POLICE REPORT WAS NOT FILED. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE CONTACT STATED THAT DUE TO SEVERE FRAME CORROSION, THE FRAME DETACHED AND STRUCK THE REAR DRIVER WHEEL, WHICH ULTIMATELY CAUSED THE CRASH. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THERE WERE NO INJURIES. THE FAILURE MILEAGE WAS APPROXIMATELY 125,000.

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.