Form Approved: O.M.B. No. 2127-0008

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

POSTED

QC'd

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FOR AGENCY USE ONLY

Date Received RECEIVED 01 FEB -5 PM 3:25 OEFICE OF DEFECTS INVST

Od_or ___ ___
_d ___ ___
od_ ___ ___
up_fir ___ ___

Reference No. 559439

OWNER INFORMATION (Type or Print)

Na [redacted]

St [redacted]

C [redacted]

Daytime Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the a[redacted]ur name or address to the vehicle manufacturer.

Signatu[redacted] Date 1/29/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) *(Located at bottom of windshield on driver's side)*	Make	Model	Year
1 6 6 D T 1 9 W 0 Y 8 7 0 3 1 6 3	ISUZU	HOMBRE	2000

Purchased Date	Dealer's Name			Engine Size (CID/CC/L)	
11/13/2000	JOHN HOWARD ISUZU			4.3	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	Dealer's City MORGANTOWN WVA.	State WVA	Zip Code	No. Cylinders 6	

Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
11/99	☐ Manual ☒ Automatic	☒ Driverside Air Bag ☒ Passengerside Air Bag ☐ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Utility ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick up Truck ☐ Other 3 DOOR

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
ALL LIGHTS HEAD LIGHTS MARKER LIGHTS DASH LIGHT ETC.	☒ Left ☒ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement	☐ Yes ☒ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size

No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s):		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☐ No	☐ Yes ☐ No			☒ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). ALL LIGHTS GO OFF AND ON ALL THE TIME THE FEAR IS THE LIGHTS WILL GO OFF AND STAY OFF CAUSING A CRASH AT NIGHT. DEALER SERVICE SAYS MAYBE THE FACTORY WILL SEND DOWN A BULLITIN AS TO HOW TO FIX THE PROBLEM. HAS DONE THIS FROM FIRST DAY OF PURCHASE

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882