



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

**Auto Safety Hotline**

## Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY** §20

Date Received

29-JAN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8003087

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or side of dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>FILL IN PLEASE</b>	ISUZU TRUCK	TROOPER	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Dates of Failure(s) _____ 26-JAN-2002 Mileage at Failure(s) _____ 80000 Vehicle Speed at Failure(s) _____ 25	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHILE DRIVING AROUND 25 MPH CONSUMER'S VEHICLE BROADSIDED ANOTHER VEHICLE, AND BOTH DRIVER AND PASSENGER AIRBAGS FAILED TO DEPLOY. CONSUMER HAS YET TO CONTACT DEALER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.\*AK**

CONTINUE ON REVERSE

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.



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

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 920

Date Received

02 FEB 27 AM 9:10  
29 JAN 2002

OFFICE INVESTIGATION

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_tr \_\_\_\_\_

Reference No.

8003087

OWNER INFORMATION (Type or Print)

736357

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, I, NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 2/4/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) JACDJ58V717914710 (Transfer of title from windshield or front side) Vehicle Make ISUZU TRUCK Vehicle Model TROOPER Vehicle Year 1996 Current Odometer Reading 83000

Purchase Date 12-96 Dealer's Name BUDGET RENT A CAR Engine Size CID/CC/L \_\_\_\_\_ Turbo   
 New  Used City Clarksville State IN Zip Code 47129 No. Cylinders \_\_\_\_\_ Diesel   
Gas  Fuel Injected

Transmission Type  Manua  Automatic Antilock Brakes  Yes  No Restraint System  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag Cruise Control  Yes  No Drive Train  Front  Rear  4-Wheel Vehicle Type  Car  Sport Ult Truck  Van  Minivan  Motorcycle  Other Body Style  2-Door  4-Door  Stationwagon  Pick Up  Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT Location  Left  Right  Front  Rear Failed Part's  Original  Replacement  
No of Failures 1 Date(s) of Failure(s) 26 JAN 2002 Mileage at Failure(s) 80000 Vehicle Speed at Failure(s) 25 Failed Part(s)  Yes  No NHTSA Previously  Yes  No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash  Yes  No Fire  Yes  No Number of Persons Injured 0 Number of Fatalities 0 Estimated Property Damage 8,000.00 Reported to Police  Yes  No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AROUND 25 MPH CONSUMER'S VEHICLE BROADSIDED ANOTHER VEHICLE, AND BOTH DRIVER AND PASSENGER AIRBAGS FAILED TO DEPLOY. CONSUMER HAS YET TO CONTACT DEALER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. \*AK Manufacturer has been notified, vehicle was a TOTAL LOSS

CONTINUE ON BACK IF NEEDED

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