



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 758

Date Received

03-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009128

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4S2CM58W1X4358433		ISUZU TRUCK	RODEO	1999	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06440000 12420000 07300100	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:CAM:FAST IDLE INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR POWER TRAIN:TRANSMISSION:AUTOMATIC:CONTROL MODULE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 10	Dates of Failure(s) 01-MAY-2001 Mileage at Failure(s) 58000 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE IDLES VERY FAST, STALLS AT SLOW SPEEDS , THEN CHECK ENGINE LIGHT COMES ON.
VEHICLE HAS STALLED AT LEAST 10 TIMES, DEALER HAS REPROGRAMMED PCM. DID NOT REMEDY
PROBLEM.*AK

COPIES OF THIS FORM ARE:

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758 Date Received: <u>03-MAY-2002</u> Defects Investigation Office Reference No. <u>8009128</u> Work Number: <u>[REDACTED]</u> Home Number: <u>[REDACTED]</u>	
OWNER INFORMATION (Type or Print) <u>[REDACTED]</u> <u>[REDACTED]</u> 752178 <u>COLTEWAH</u> <u>TN</u> <u>37363</u>			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, the vehicle manufacturer. Signature of Owner: <u>[REDACTED]</u> Date: <u>5/17/02</u>			
Vehicle Ident. No. (VIN) <u>4S2CM58W1X4358433</u> (windshield on driver's side)		Vehicle Year <u>1999</u> Current Odometer Reading <u>60,023</u>	
Purchase Date <u>July 1999</u> ☒ New ☐ Used	Dealer's Name <u>Long Pontiac Isuzu</u> City <u>Chattanooga</u> State <u>TN</u> Zip Code <u>374</u>		Engine Size (CID/CC/L) <u>V6</u> No Cylinders <u>6</u> ☐ Turbo Diesel ☒ Gas Fuel Injection
Transmission Type ☐ Manual ☒ 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 ☐ Van ☐ Minivan ☐ Other	Body Style ☒ Sport/Ult ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>06440000</u> <u>12420000</u> <u>07300100</u>	Part Name(s) <u>FUEL:THROTTLE LINKAGES AND CONTROL:CAM:FAST IDLE</u> <u>INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR</u> <u>POWER TRAIN:TRANSMISSION:AUTOMATIC:CONTROL MODULE</u>		Location ☐ Left ☐ Front ☐ Right ☐ Rear
Failed Part(s) ☐ Original ☐ Replacement		No of Failures <u>10</u> Date(s) of Failure(s) <u>01-MAY-2001</u> Mileage at Failure(s) <u>58000</u> Vehicle Speed at Failure(s) <u>0-5 mph</u>	
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	Number of Fatalities
Estimated Property Damage		Reported to Police ☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE IDLES VERY FAST, STALLS AT SLOW SPEEDS, THEN CHECK ENGINE LIGHT COMES ON. VEHICLE HAS STALLED AT LEAST 10 TIMES, DEALER HAS REPROGRAMMED PCM. DID NOT REMEDY PROBLEM.*AK			

CONTINUE ON BACK IF NEEDED

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