



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 1367

Date Received

29-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010687

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 above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4S2CK58W724323748	ISUZU TRUCK	RODEO	2002			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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 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 02000000	Part Name(s) SUSPENSION	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	Dates of Failure(s) _____ 17-APR-2002 Mileage at Failure(s) _____ 0 Vehicle Speed at Failure(s) _____	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 type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AT HIGH HIGHWAY SPEEDS VEHICLE VIBRATES, ALMOST CAUSES LOSS OF CONTROL. *AK

COPIED FROM NHTSA FORM 101

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1307</p> <p>Date Received <u>29-MAY-2002</u></p> <p>Od_or _____ rt_dt _____ od_rt _____ up_lr _____</p> <p>Reference No. <u>8010687</u></p> <p>Work No. _____ Home No. _____</p>			
<p>OWNER INFORMATION (Type or Print)</p> <p>756304</p> <p>FRIENDSVILLE TN</p>				<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorized signature name and address to the vehicle manufacturer.</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature of Owner _____ Date <u>5/8/02</u></p>			
<p>VEHICLE INFORMATION</p>							
<p>Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)</p> <p>4S2CK58W724323748</p>		<p>Vehicle Make</p> <p>ISUZU TRUCK</p>	<p>Vehicle Model</p> <p>RODEO</p>	<p>Vehicle Year</p> <p>2002</p>	<p>Current Odometer Reading</p> <p>1320</p>		
<p>Purchase Date</p> <p>4/1/02</p>	<p>Dealer's Name</p> <p>TRIP RIVERSIDE CORP</p>		<p>Engine Size (CID/CO)</p> <p>3.2</p>	<p>No. Cylinders</p> <p>6</p>	<p><input type="checkbox"/> Turbo Diesel Gas Fuel Injectio</p>		
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City</p> <p>FRANKVILLE</p>		<p>State</p> <p>TN</p>	<p>Zip Code</p> <p>37119</p>			
<p>Transmission Type</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p> <p><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>							
<p>Component</p> <p>02000000</p>	<p>Part Name(s)</p> <p>SUSPENSION</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>			
<p>No. of Failures</p>	<p>Date(s) of Failure(s)</p> <p>17-APR-2002</p>		<p>Mileage at Failure(s)</p> <p>0</p>	<p>Vehicle Speed at Failure(s)</p> <p>55 MPH AND HIGHER</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p> <p>0</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>AT HIGH HIGHWAY SPEEDS VEHICLE VIBRATES, ALMOST CAUSES LOSS OF CONTROL. *AK</p> <p>VEHICLE VIBRATES - INCOMPART AT HIGHWAY SPEEDS, CAUSING SHAKING WHICH TO POVERTE AND VEHICLE TO WANDER IF NOT GRABBY STEERING. MAJOR USE HAD MULTIPLE ATTEMPTS TO FIX PROBLEM, ALL UNSUCCESSFUL TO DATE, 6 TIRES AND -></p>							

CONTINUE ON BACK IF NEEDED

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

ONE DRIVESHAFT HAVE BEEN REPLACED. FACTORY REPRESENTATIVE HAS DRIVEN VEHICLE, ALONG WITH DEalersHIP SERVICE TECHNICIAN. RITE STATE THAT VEHICLE DRIVES NORMALLY, AND THAT NO PROBLEM EXIST.

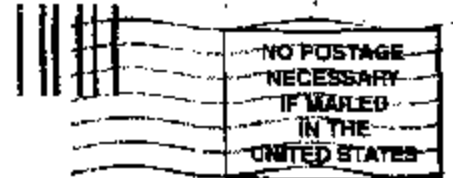
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN



U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

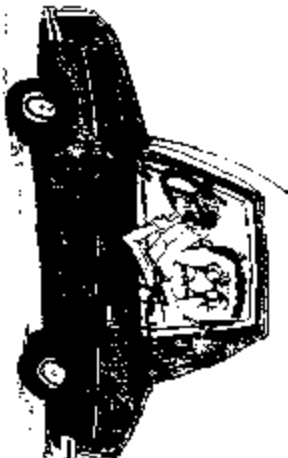
DASH2DOT

and dial toll free at

1-888-DASH-2.DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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