


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 335	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <b>JUNO BEACH FL</b>		Date Received 06-DEC-2002 OFFICE INVESTIGATION	Od_or rt_dt od_rt up_itr Reference No. 8023858
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, your name and address to the vehicle manufacturer.		Work Number Home Number	Signature of Owner Date 12/16/02
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>JACDS58XX27J03672</b>	Vehicle Make <b>ISUZU TRUCK</b>	Vehicle Model <b>TROOPER LS</b>	Vehicle Year <b>2002</b> Current Odometer Reading <b>17,600</b>
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <b>Century Buick Isuzu</b> City <b>Tampa</b> State <b>FL</b> Zip Code <b>33622</b>	Engine Siz (CID/CC) <b>3.5Ltr</b> No Cylinders <b>6</b>	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>D510000</b>	Part Name(s) <b>ENGINE</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <b>09-NOV-2002</b> Mileage at Failure(s) <b>4700</b> Vehicle Speed at Failure(s) <b>65-90 mph</b>	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>
Estimated Property Damage <b>0</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>WHILE DRIVING THE VEHICLE AND YOU MAY PRESS GAS TO ACCELERATE MORE. CONSUMER STATES' VEHICLE LOOSES POWER. CONSUMER WAS ALMOST HIT BY ANOTHER DRIVER ONCE. PLEASE PROVIDE ANY FURTHER INFORMATION. TS</b> <b>shop. Still reacts same at higher speeds</b>			
CONTINUE ON BACK IF NEEDED			
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 this questionnaire. Your responses 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.			

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

When driving for longer trips 15 to 4hrs truck loses all  
A acceleration usually while passing. Once it starts you have  
to feather the gas pedal to level engine out. Then continually  
gets worse until you pull over and restart engine.  
One time vehicle would not go over 35 mph.  
Repair shop has repeatedly replaced EGR valve; Readjusted  
engine oil. To no avail. It still performs the same.  
This has proven unsafe on highway's especially if you try to  
pass someone.

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

**BUSINESS-REPLY MAIL**

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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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**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



U.S. Department of Transportation  
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Administration  
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