



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 119

Data Received
14-MAR-2000

Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.
858469

Work Number **510-794-0660**
 Home Number _____

OWNER INFORMATION (Type or Print)

SANDRA PERLEY 596274
5483 PORTSMOUTH AVE
NEWARK CA 94560

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.

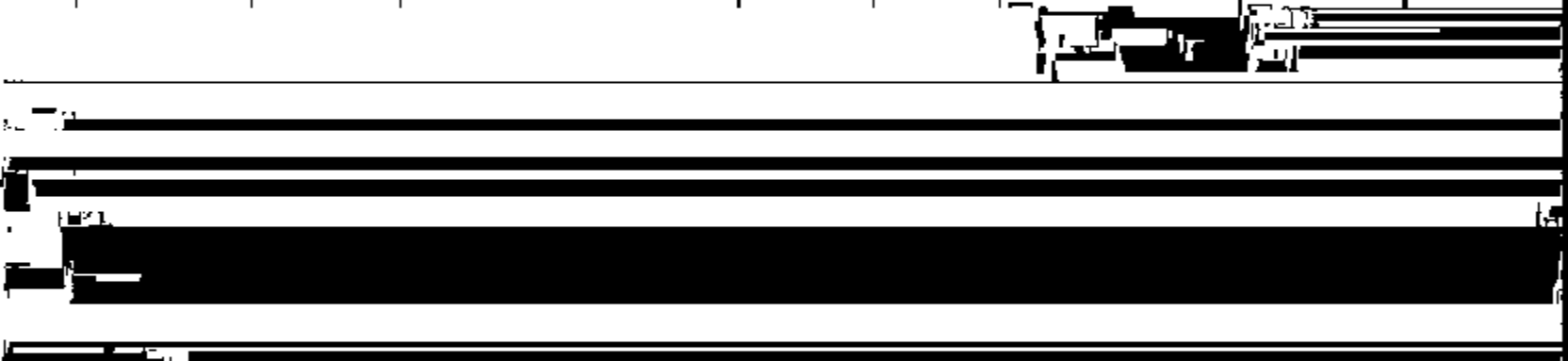
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(located at front of windshield or driver's side)</small> 4S2CK5705W4334043	Vehicle Make ISUZU TRUCK	Vehicle Model AMIGO	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
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Date Rec'd: 14-MAR-2000

Office: DEFECTS INVESTIGATION

Reference No.: 858459

Work Number: [REDACTED]

Home Number: [REDACTED]

OWNER INFORMATION (Type or Print)

[REDACTED] 596274

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 In the absence of an authorized signature, NOT provide your name and address to the vehicle manufacturer.

YES NO

Signature of Owner: [REDACTED] Date: 3/21/00

2ND CAR →
 1ST ONE NO ONE PUT OIL IN WHEN IT LEFT THE LOT.
 THESE STRIPPED THE EXTERIOR'S OFF THE CAR BEFORE GIVING IT TO ME - CHANGED TIRE SIZE, ETC.
 \$ I PAID \$9500 EXTRA FOR AIR CONDITIONING
 SUBSTITUTION OF CATALYTICAL MY CREDIT UNION HAD TO WAIT ALMOST 2 MONTHS TO GET THAT RESOLVED!
 I HAVEN'T EVERYTHING DOCUMENTED - YOU NEED IT.
 THANKS
 THIS HAS BEEN A NIGHTMARE

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 4S2CK5706W4334043 (Located at bottom of windshield on driver's side)

Vehicle Make: ISUZU TRUCK Vehicle Model: AMIGO Vehicle Year: 1998 Current Odometer Reading: 22,000

Purchase Date: 2/14/99 Dealer's Name: F. H. DAILEY Engine Size (CID/CC/L): _____ Turbo Diesel Gas Fuel Injection

New Used City: SAN LEANDRO State: CA Zip Code: _____ No Cylinders: _____ 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 Sport Ut Truck Motorcycle Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 93269000 Part Name(s): BRAKES:HYDRAULIC:ANTI-SKID SYSTEM Location: Left Right Front Rear Failed Part(s): Original Replacement

Component: 06113000 Part Name(s): FUEL:FUEL TANK ASSEMBLY:TANK Location: Left Right Front Rear Failed Part(s): Original Replacement

No of Failures: AT LEAST 9 TIMES Date(s) of Failure(s): 3/21/3/24, 4/6 - CAUSED ACCIDENT 4/29, 4/28 Mileage at Failure(s): 1000 Vehicle Speed at Failure(s): 3-5 M.P.H. Failed Part(s) Available? Yes No NHTSA Previously Contacted? 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: 2 MY BUMPER WAS DAMAGED Reported to Police: Yes No

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

WHEN DRIVING ON WET PAVEMENT AND UPON MAKING A NORMAL STOP, CONSUMER EXPERIENCED COMPLETE BRAKE FAILURE, RESULTING IN EXTENDED STOPPING DISTANCE. ALSO, GAS TANK HAS SEPARATED FROM BOTTOM OF VEHICLE, CAUSING A FUEL LEAKAGE. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER COMPLAINTS. *AK SUN ROOF COVER DOESN'T STAY INTACT & SEAT BELTS STUCK SO I COULDN'T TURN MY BODY TO LOOK WHILE CHANGING LANES, GAS PEDAL ALSO STUCK

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 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.

CONTINUE ON BACK IF NEEDED

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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
████████████████████	ISUZU TRUCK	AMIGO	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 03250000 06113000	Par. Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:FUEL TANK ASSEMBLY:TANK	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING ON WET PAVEMENT AND UPON MAKING A NORMAL STOP, CONSUMER EXPERIENCED COMPLETE BRAKE FAILURE, RESULTING IN EXTENDED STOPPING DISTANCE. ALSO, GAS TANK HAS SEPARATED FROM BOTTOM OF VEHICLE, CAUSING A FUEL LEAKAGE. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER COMPLAINTS. *AK

CONTINUED ON BACK PLEASE

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