

U.S. Department  
of TransportationNational 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

156

Date Received

26-APR-2000

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

Reference No.

861016

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 bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4S2CK58V6T4312281	ISUZU TRUCK	RODEO	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" 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
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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 Utility Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Manual <input type="checkbox"/> 2-Point Belt			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <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 A	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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 <input checked="" type="checkbox"/> Yes <input 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)

WHILE DRIVING AT 35-40 HAD A FRONTAL IMPACT, AND DRIVER'S/PASSENGER'S AIRBAGS DID NOT DEPLOY, WHICH DID NOT PROTECT THE OCCUPANTS IN THE CRASH. PLEASE PROVIDE FURTHER INFORMATION. \*AK

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 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 <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 156	
OWNER INFORMATION (To be completed by owner)		Date received		Date of report	
		10 MAY 19 AM 8:00		26-APR-2000	
[REDACTED]		Reference No.		861016	
		Work Number		NA	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, we will NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
Signature of Owner		Date		05/08/00	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4S2CK58V6T4312281		ISUZU TRUCK	RODEO	1996	
Purchase Date	Dealer's Name		Engine Size (CID/CC/IL)	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
10-30-99	KERNY MESA TOYOTA			<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City	State	Zip Code	No Cylinders	
S.D.	Ca.				
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 3-Point Belt		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Front
<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Motorbelt		<input type="checkbox"/> No	<input type="checkbox"/> Rear
		<input checked="" type="checkbox"/> Driverside Airbag			<input type="checkbox"/> 4-Wheel
		<input type="checkbox"/> 2-Point Belt			
		<input checked="" type="checkbox"/> Passengerside Airbag			
Vehicle Type	Body Style	Sport Ut	Truck	Motorcycle	Other
<input type="checkbox"/> Car	<input checked="" type="checkbox"/> 2-Door	<input type="checkbox"/> Stationwagon	<input type="checkbox"/> Pick Up Truck	<input type="checkbox"/> Other	
<input type="checkbox"/> Van	<input type="checkbox"/> 4-Door	<input type="checkbox"/> Other			
<input type="checkbox"/> Minivan	<input type="checkbox"/> Other				
<input type="checkbox"/> Other					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location		Failed Part(s)
12111000	INTERIOR SYSTEMS: PASSENGER RESTRAINTS; AIR BAG; FRONT A		<input type="checkbox"/> Left <input type="checkbox"/> Right		<input checked="" type="checkbox"/> Original
			<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)		Failed Part(s) Available?	NHTSA Previously Contacted?	
	4-21-00		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Mileage at Failure(s)				
	Vehicle Speed at Failure(s)				
	35 to 40				
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)					
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A	6995.00	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE DRIVING AT 35-40 HAD A FRONTAL IMPACT, AND DRIVER'S/PASSENGER'S AIRBAGS DID NOT DEPLOY, WHICH DID NOT PROTECT THE OCCUPANTS IN THE CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK					
CONTINUE ON BACK IF NEEDED					
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