

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

339

Date Received

13-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

863500

 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
4S2CK57D6W4340370	ISUZU TRUCK	AMIGO	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
03250000	BRAKES:HYDRAULIC/ANTI-SKID SYSTEM	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) 12-JUN-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 15134	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

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)

WHILE DRIVING ON ROAD PULLED UP TO THE INTERSECTION WHEN LIGHT TURNED RED, CONSUMER APPLIED BRAKES TO SLOWDOWN, BUT BRAKE PEDAL WENT TO THE FLOOR, CAUSING EXTENDED STOPPING DISTANCE AND VEHICLE WENT THROUGH THE INTERSECTION. PUMPED THE BRAKES AND FINALLY STOPPED. CONTACTED DEALER. *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.

DOT Auto Safety Hotline		EPR AGENCY USE ONLY 333	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 614119		Date Received: 09 AUG - 1 PH 3: 53 13 JUN - 2000 OFFICE DEFECTS INVESTIGATION	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: 6/7/00	
Signature of Owner: [Redacted]		Reference No. 863500	
Vehicle Ident. No. (VIN) (Located below or on windshield on drivers side): 4S2CK57D6W4340370		Vehicle Make: ISUZU TRUCK Vehicle Model: AMIGO Vehicle Year: 1998 Current Odometer Reading: 15,500	
Purchase Date: [Redacted] <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name: DeVoe City: Naples State: FL Zip Code: 33942 Engine Size (CID/CC/L): 4cy No. Cylinders: [Redacted]	
Transmission Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Restraint System: <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driveside Airbag <input type="checkbox"/> 2-Point Belt <input 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		Body Style: <input checked="" 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 Part Name(s): BRAKES:HYDRAULIC:ANTI-SKID SYSTEM		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 Failures: [Redacted]		Date(s) of Failure(s): 12-JUN-2000 Mileage at Failure(s): 15134 Vehicle Speed at Failure(s): [Redacted]	
Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No		Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured: [Redacted]	
Number of Fatalities: [Redacted]		Estimated Property Damage: [Redacted]	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING ON ROAD PULLED UP TO THE INTERSECTION WHEN LIGHT TURNED RED, CONSUMER APPLIED BRAKES TO SLOWDOWN, BUT BRAKE PEDAL WENT TO THE FLOOR, CAUSING EXTENDED STOPPING DISTANCE AND VEHICLE WENT THROUGH THE INTERSECTION. PUMPED THE BRAKES AND FINALLY STOPPED. CONTACTED DEALER. *AK Pressed brakes, brakes went to floor, brakes failed to initiate and coglided through intersection.			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974-Public Law 93-519 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.			