


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 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		Date Received  <b>10-JAN-2001</b>
	<b>OWNER INFORMATION (Type or Print)</b>  <div style="background-color: black; width: 400px; height: 40px; display: inline-block;"></div> <b>866198</b>		Od_or _____ rt_dt _____ od_rt _____ up_tr _____  Reference No. <b>877968</b>
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number _____ Home Number _____	
Signature of Owner _____		Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>JACDJ58V3T7914152</b>	Vehicle Mak <b>ISUZU TRUCK</b>	Vehicle Mode <b>TROOPER</b>	Vehicle Year <b>1996</b>
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Siz (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driv erside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Contro <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Drive Trai <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 Ult <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 <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>06400000</b>	Part Name(s) <b>FUEL THROTTLE LINKAGES AND CONTROL</b>	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) <b>08-JAN-2001</b> Mileage at Failure(s) <b>37500</b> Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previous y <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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalitie
		Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>SUDDEN ACCELERATION WHILE TRAVELING AT HIGHWAY SPEED. PLEASE PROVIDE FURTHER DETAILS ON THIS MATTER. DEALER/MANUFACTURER WERE NOT NOTIFIED AT THIS TIME.*AK</b>			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974 (Pub. 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**  
**Vehicle Owner's Questionnaire (VOQ)**  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 241**

Date Recalled? FEB 21 2001  
10 JAN 2001  
OFFICE OF SAFETY INVESTIGATION

Od. or rt. dt. \_\_\_\_\_  
od. rt. up. ltr. \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

[Redacted] 666198

Reference No. 877968

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized representative, please provide name and address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) <b>JACDJ58V3T7914152</b>	Vehicle Make <b>ISUZU TRUCK</b>	Vehicle Model <b>TROOPER</b>	Vehicle Year <b>1998</b>	Current Odometer Reading <b>37,550</b>
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Purchase Date 12/2000 Dealer's Name Private Party Engine Size (CID/CC/L) 3.2Lb Turbo   
 New  Used City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Diesel   
No Cylinders 6 Fuel Injection

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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" 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 type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>SUV</u>
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>06400000</b>	Part Name(s) <b>FUEL:THROTTLE LINKAGES AND CONTROL</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
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No of Failures \_\_\_\_\_ Date(s) of Failure(s) 08 JAN 2001  
Mileage at Failure(s) 37500  
Vehicle Speed at Failure(s) 65-70 MPH  
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>0</u>	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)**

**SUDDEN ACCELERATION WHILE TRAVELING AT HIGHWAY SPEED. PLEASE PROVIDE FURTHER DETAILS ON THIS MATTER. DEALER/MANUFACTURER WERE NOT NOTIFIED AT THIS TIME.\*AK**

Upon entering the I-25 highway from the on-ramp I accelerated up to 60 MPH to merge with the traffic. I tried to slow down due to the congestion. When I eased up on

CONTINUE ON BACK IF NEEDED

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5364

5/30/97  
17346



ISUZU - VOLKSWAGEN - SUBARU

130 Hollywood Boulevard, SW  
Fort Walton Beach, Florida 32548  
(904) 243-3171

\*INVOICE\*

PAGE 1

CUSTOMER COPY

SERVICE ADVISOR: 3006 GLENN RAY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
SILVER	96	ISUZU TROOPER	JACDJ58V3T7914152		7364/7364	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO. NO.	RATE	PAYMENT
04SEP96			WARR		0.00	CASH
R.O. OPENED	READY	OPTIONS: STK:IT116 DLR:405040 ENG:3.2 Liter				
08:01	30MAY97	08:50	30MAY97	TRN:AUTO	<i>No Keys</i>	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	7500		MAINTENANCE SERVICE				
			17.5K 7500 MAINTENANCE SERVICE				
			7 CIZD			38.95	38.95
			1 8-97140-666-0 ELEMENT; OIL F		5.00	5.00	5.00
			5 20W50 20W50 OIL		1.50	1.20	6.00
PARTS:			11.00	LABOR:		38.95	OTHER: 0.00
					TOTAL LINE A:		49.95

B			CREEKING NOISE IN ACCELERATOR PEDAL WHEN DEPRESSED				
			00 LUBRICATED LINKAGE AND BUSHINGS				
			7 CIZD			0.00	0.00
PARTS:			0.00	LABOR:		0.00	OTHER: 0.00
					TOTAL LINE B:		0.00

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 2.00  
 THE MISC. CHARGES REPRESENTS COSTS AND PROFIT TO THE MOTOR VEHICLE REPAIR FACILITY FOR ITEM SUCH AS MISCELLANEOUS SHOP SUPPLIES AND / OR WASTE DISPOSAL.

FL. MV-28017

PAID  
MAY 30 1997

Per VISA  
*[Signature]*

Service Hours:  
Monday thru Friday  
7:30 - 5:30

THANK YOU

STATEMENT OF DISCLAIMER	DESCRIPTION	TOTALS
The factory warranty constitutes all of the warranties with respect to the sale of the item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	LABOR AMOUNT	38.95
	PARTS AMOUNT	11.00
	GAS, OIL, LUBE	0.00
	SUBLET AMOUNT	0.00
	MISC. CHARGES	2.00
	TOTAL CHARGES	51.95
	LESS INSURANCE	0.00
	SALES TAX	3.64
CUSTOMER SIGNATURE	PLEASE PAY THIS AMOUNT	55.59