



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 758

Date Received

25-APR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

886739

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>(Location at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
ADD	ISUZU TRUCK	RODEO	2000			
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 Injectio			
<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 checked="" 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside 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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<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 05100000	Part Name(s) ENGINE	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 Failure	Date(s) of Failure(s) C1-FEB-2001 11000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Fatalities	Estimated Property Damag	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)

VEHICLE WILL STALL WHEN SLOWING DOWN TO COME TO A STOP. THIS HAS HAPPENED NUMEROUS TIMES, UP TO 12 TIMES IN ONE DAY. *AK

COPIES OF THIS FORM ARE:

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.



Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

U.S. Department of Transportation
National Highway Traffic Safety Administration
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

688538

Reference No. 886739

FOR AGENCY USE ONLY 758

Date Received: 25-APR-2001

Order: _____
Date: _____
Time: _____
Initial: _____

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Signature of Owner: _____
Date: 4/10/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): Located at bottom of windshield (owner's info)
Vehicle Make: ISUZU TRUCK
Vehicle Model: RODEO
Vehicle Year: 2000
Current Odometer Reading: 10,515

Purchase Date: _____
Purchase Date: New Used
Dealer's Name: RED MC COMBS (BEST)
City: All State TX Zip Code: _____
Engine Size (CID/CC/L): _____
No cylinders: _____
Turbo: Diesel: Gas: Fuel Injection:

Transmission Type: Manual Automatic
Antilock Brakes: Yes No
Restraint System: 3-Point Belt Driver Side Airbag 2-Point Belt Motorbelt
Cruise Control: Yes No
Drive Train: Front Rear 4-Wheel
Vehicle Type: Car Minivan Other Truck Motorcycle
Body Style: Sport Util Van Truck Other Pick Up Truck

Component: 05100000
Part Name(s): _____
Location: Front Left Right Rear
Failed Part(s): Original Replacement

No. of Failures: _____
Date(s) of Failure(s): 01-FEB-2001
Mileage at Failure(s): 11000
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: Yes No
Fire: Yes No
Number of Persons Injured: _____
Number of Failures: _____
Estimated Property Damage: _____
Reported to Police: Yes No

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

VEHICLE WILL STALL WHEN SLOWING DOWN TO COME TO A STOP. THIS HAS HAPPENED NUMEROUS TIMES, UP TO 12 TIMES IN ONE DAY. A VEHICLE RETURNED TO RED MC COMBS (BEST) SERVICE CENTER FOR A VEHICLE INSPECTION. PROBLEM IS FINE, THAT BAD GAS ON RICHING GAS FUEL IS PROBLEM. YET VEHICLE HAS CONTINUED TO STALL-TO THE POINT IT IS UNSAFE AND DANGEROUS.

CONTINUE ON BACK IF NECESSARY

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