



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

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received <b>6/20/01</b>	Od or _____
Reference No.	T-# _____
	ad-r _____
	up-#r _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <b>4S20M58V574321970</b>		VEHICLE MAKE <b>Isuzu</b>	VEHICLE MODEL <b>Rodeo</b>	MANUFACTURE DATE	MODEL YEAR <b>1996</b>	
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <b>Isuzu</b> <input type="checkbox"/> DaimlerChrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE <b>9/97</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME <b>N/A</b>	CITY <b>N/A</b>	STATE	ZIP CODE	
ENGINE SIZE (CID/CC/L) NO CYLINDERS <b>6</b>	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Mororbelt <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon		

### FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Clutch Seal <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <b>Lug Nuts &amp; Studs</b>	NO. OF FAILURES <b>20</b>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>1st 5/99</b> <b>2nd 5/25/01</b>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>1st 60K</b> <b>2nd 90,000</b>	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT <b>N/A</b>	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### APPLICABLE 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	NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input checked="" type="checkbox"/> Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Deconrec./Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



03002

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

As verified by three  
Tire Shops - The Studs  
& lugs are made of soft  
Metal - that wear & seize  
up when trying to remove  
them. The Co. (Gisuzu)  
continues to make replace-  
ments with the same  
weak metal at a cost of  
about \$8 per lug & labor.

Heat is causing this  
problem along with  
friction.  
A simple ~~fix~~ call  
with quality replacement  
parts would solve the  
problem.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-502. This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. 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.

Mark Recalled® by NCB EN-25239-1964321 HFR08 Printed in U.S.A.  
© Copyright 1988 by National Computer Systems, Inc. All rights reserved.  
NHTSA Form 350 (Rev. 8/93)



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.  
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

Complete and return or place in your car manual for future use

# VEHICLE OWNER'S QUESTIONNAIRE (V00Q)



## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

### DASH 2 DOT

and dial toll free at

## 1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300