



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

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

Repository

2003 JUN 14 MAR 2003 03

Reference No.  
10011835

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City HOPEWELL State VA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, or address to the vehicle's manufacturer.  
Signature of Owner [REDACTED] Date 5/19/03

VEHICLE INFORMATION

Make NISSAN Model FRONTIER Model Year 2000  
Date Purchased 3/2000 Dealer's Name and Telephone Number DOMINION NISSAN  
Engine: No. Cylinders 6 Fuel Type: GASOLINE  
Original Owner  Dealer's City RICHMOND VA State VA Zip Code 23060  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain REAR/4wd  
Vehicle Component Code 070000 FUEL SYSTEM, GASOLINE  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-MAR-2003 Failure Mileage 95,348 Failure Speed 0 MPH  
FUEL SENDING UNIT FAILED, NATIONAL BACKORDER

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make UNIROYAL Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) 17"  
DOT No. (Example: DOTMALSABC038)  Original Equipment  Prior Repair Failure Location: RICHMOND VA. HULL ST. RD.  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE VEHICLE LEAKED FUEL. \*JB

MY TRUCK'S FUEL SENDING UNIT FAILED DUE TO A DEFECT ADMITTED TO BY NISSAN CORPORATE, 3,000+ NISSAN FRONTIER & EXTRA WANT BAD AT THE SAME TIME CAUSING A 9 WEEK BACKORDER ON THE PART, REFUSING TO MAKE A RECALL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974—Public Law 93-502 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.