



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) **2003 JUL 10**  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

Repository

13-MAY-2003  
PM 12:16

Reference No.  
10019742

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City ERIN State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

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 a signature, the vehicle owner's name and address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 6/20/03

VEHICLE INFORMATION

Make NISSAN Model PICKUP Model Year 1995  
Date Purchased APRIL 1997 Dealer's Name and Telephone Number ROCKY'S AUTO SALES (607) 733-1413 Engine: No: Cylinders 4 Fuel Type: GAS  
Original Owner  Dealer's City ELMIRA, NY State NY Zip Code 14903  
Transmission Type 5-SP. MANUAL  Antilock Brakes Powertrain Vehicle Component Code 034510 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS  
 Cruise Control Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) APR-03 Failure Mileage 68000 Failure Speed >30MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM18ABC038)  Original Equipment Prior Repair Failure Location: [REDACTED]  
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 NO Number of Deaths NO Reported to Police N NO

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).

WHEN THE BRAKES WERE APPLIED THE VEHICLE SQUEAKED AND PULLED TO THE RIGHT. THE DEALER REPLACED THE BRAKE CALIPER. \*NLM  
THERE WAS A RECALL ON THE ORIGINAL BRAKE CALIPERS. ACCORDING TO NISSAN, THE TRUCK WAS SERVICED, TAKEN BY ORIGINAL OWNER. THESE CALIPERS WERE GENUINE NISSAN PARTS AND ALSO RESULTED IN CALIPER FAILURE. VEHICLE PULLS ABRUPTLY TO THE RIGHT UPON BRAKE APPLICATION. OLD PARTS WERE NOT SAVED, BUT SERVICE WAS DONE W/ GENUINE NISSAN PARTS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-578 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.