



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 100079

Date Received

Repository

2003 NOV 05 5:47 PM 33

Reference No.
10032515

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MOUNT ALTO State: WV Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of [REDACTED] your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 10/8/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 5N1ED28Y61CS61752
Make: NISSAN Model: XTERRA Model Year: 2001
Date Purchased: 9/01 Dealer's Name and Telephone Number: Moses Nissan 304-730-6277
Original Owner: [REDACTED] Dealer's City: Huntington State: WV Zip Code: 25705
Engine: No: Cylinders: 6 Fuel Type: Fuel injected
Transmission Type: Automatic Antilock Brakes Cruise Control
Powertrain: 4x4
Vehicle Component Code: 132000 VISIBILITY:GLASS, SIDE/REAR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-AUG-2003
Failure Mileage: N/A
Failure Speed: N/A

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: DOTM1A9ABC036): [REDACTED] 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: [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).

FRONT AND REAR PASSENGER WINDOW REGULATORS ARE NOT WORKING. DEALER SORRY THERE'S NO WARRANTY AND THEY CANT BE REPLACED. PLEASE PROVIDE FURTHER INFORMATION. *PH

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.