



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 203 OCT 27
(1-888-327-4238)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100181

Date Received

Repository

10/27/2003

Reference No.
10042104

OWNER INFORMATION (Type or Print)

Name

Address

City

SAN ANTONIO

State TX

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

N/A

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

NISSAN

Model

XTERRA

Model Year

2001

Date Purchased

JUNE 2001

Dealer's Name and Telephone Number

ED HICKS IMPORTS 861-

Engine:

No: Cylinders

6

Fuel Type:

Unleaded

Original Owner

Dealer's City

CORPUS CHRISTI

State

TX

Zip Code

784

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

133000 VISIBILITY: POWER WINDOW DEVICES AND CONTROLS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

SEPT. 2003

Failure Mileage

40,000

Failure Speed

N/A

DRIVER WINDOW (AUTO) WOULD NOT ROLL BACK UP. 2 WEEKS LATER PASSENGER WINDOW BROKE & NOT STAY UP. FOUR DAYS LATER BACK DRIVER -

WILL SIDE WOULD NOT GO UP.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM18ABC038)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

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

0

Number of Deaths

0

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).

WITHIN A THREE WEEK PERIOD FRONT DRIVER/Front PASSENGER, AND REAR DRIVER'S SIDE POWER WINDOWS STOPPED OPERATING. WINDOWS WOULD GO DOWN, BUT WOULD NOT GO ALL THE WAY UP. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.