



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 100216

Date Received

06-JUL-2004

Repository

2004 JUL 26 PM 4:16  
Reference No.  
10081420

OWNER INFORMATION (Type or Print)

Name

Address

City

SCIOTA

State

PA

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
in the absence of an authorized signature or address to the vehicle manufacturer.  YES  NO  
Signature of Owner \_\_\_\_\_ Date 7/13/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
3N1CB51D12L

Make  
NISSAN

Model  
SENTRA

Model Year  
2002

Date Purchased

Aug 2002

Dealer's Name and Telephone Number

Rothrock Allentown 610-261-9900

Engine:

No. Cylinders

4

Fuel Type:

Reg Low Lead 9

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

5/60

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-JUN-2002

Failure Mileage

Failure Speed

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: DOTM19ABC036)

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).

WHILE DRIVING AT ANY SPEED VEHICLE STALLED. CONSUMER RESTARTED THE VEHICLE, AND TOOK IT TO THE DEALER FOR INSPECTION. MECHANIC DETERMINED THAT THE SPEED SENSOR NEEDED TO BE REPLACED, AND REPLACED IT. HOWEVER, THE PROBLEM STILL RECURRED. \*AK  
AIR

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.

Narrative Description of Incident(s), Failure(s), Crack(s), and Injury(ies)

SEE ATTACHED COPIES SENT TO STATE ATTY GENERAL

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 78173 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, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

**TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR**

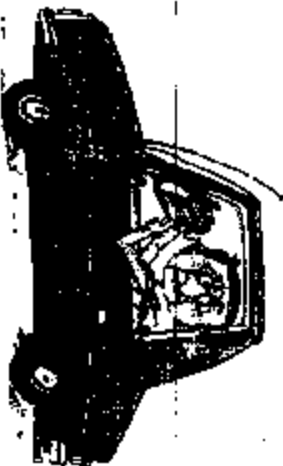
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

1-888-327-4236

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/odiv>

# RENTAL AGREEMENT

1071 West Main St. Phone (201) 517-8708  
 STRONGSBURG, PA. 15080-0877

No.

031258

REPLACEMENT CAR NO.		ORIG. CAR NO. <u>881</u>	
COLOR		MAKE/MODEL/YEAR/COLOR	
ZIP CODE		LICENSE NUMBER	
STATE		LIC. STATE	
EXPIR. DATE <u>9/26/02</u>		ODOMETER IN	
SOCIAL SECURITY NO. <u>58</u>		ODOMETER OUT	
LOCAL CONTACT		MILES DRIVEN	
ADDRESS		DATE AND TIME IN	
EMPLOYER		A.M. P.M.	
PHONE		ALLOWED <u>D4</u>	
EMPLOYER'S ADDRESS		CHARGEABLE MILES <u>11 AM</u>	
CITY		STATE	
ZIP		REFERRED BY	
I will not under any circumstances surrender the use of the rented vehicle to any person other than those listed below or in Paragraph 6 on the back of this Agreement. Operation of the vehicle by any driver in violation of Paragraph 6 is prohibited. If none, print NONE across this section. <u>Alternate</u>		RENTAL RATES CHARGES	
RATE \$ <u>5</u> PER DAY \$ <u>35</u> PER WEEK		Miles @ <u>161.50</u> fee \$	
PHYSICAL DAMAGE WAIVER		HOURS @ <u>24</u> \$	
RATE \$ <u>5</u> PER DAY \$ <u>35</u> PER WEEK		Days @ <u>26.75</u> \$	
PHYSICAL DAMAGE WAIVER (NOT INSURANCE) <u>NO</u>		Weeks @ <u>0</u> \$	
By my initials, I accept or decline Physical Damage Waiver at the rates listed above. If I decline to purchase the Waiver, I accept full responsibility for loss by collision or Physical damage, regardless of cause up to \$ <u>1000</u> per occurrence, which may be charged to my credit card shown below. Accepting reduces my responsibility to \$ <u>1000</u> per occurrence, which may be charged to my credit card shown below.		Months @ <u>0</u> \$	
PHYSICAL DAMAGE WAIVER IS NOT INSURANCE		Total Time and Mileage Charges \$	
PERSONAL ACCIDENT INSURANCE (P.A.I.)		Gas (Taxable) \$	
By my initials, I accept or decline enrollment for Personal Accident Insurance. If I accept, I understand and acknowledge that coverage is at the rates indicated and that I have read the certificate of insurance furnished by dealer prior to rental.		Sub-Total \$	
RATE \$ <u>5</u> PER DAY \$ <u>35</u> PER WEEK		Sales Tax or Surcharge <u>6%</u> \$	
PERSONAL EFFECTS COVERAGE (P.E.C.)		Gas (Non-Taxable) <u>0</u> \$	
By my initials, I accept or decline enrollment for Personal Effects Coverage. If I accept, I understand and acknowledge that coverage is at the rates indicated and that I have read the certificate of insurance furnished by dealer prior to rental.		CRDW (Non-Taxable) <u>0</u> \$	
RATE \$ <u>5</u> PER DAY \$ <u>35</u> PER WEEK		PERSONAL ACCIDENT INSURANCE \$	
SPARE JACK O.K.		Sub-Total \$	
CUSTOMER INITIALS		PERSONAL EFFECTS COVERAGE \$	
IN		Sub-Total \$	
CREDIT AUTH. NO.		Less Refund For \$	
DATE		Less Deposits \$	
TIME		Net Amount Due \$	
AMOUNT		Net Due Renter \$	
AUTHORIZED BY:		WARNING	
CHECKED OUT BY:		I have read carefully all driving and use restrictions on the reverse side.	
CHECKED IN BY:		I am responsible for all traffic violations and must turn in all summonses upon return of vehicle.	
EXTEND TO		I will report all accidents immediately.	
ADDITIONAL CASH DEPOSIT		I have read both sides of this agreement and agree to its terms and conditions. Includes use to reserve a credit card number. Form to my name.	
DATE		EXTEND TO	
INITIALS		ADDITIONAL CASH DEPOSIT	
DATE		DATE	
INITIALS		INITIALS	



**PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL**



**CONSUMER COMPLAINT FORM**

**GERALD J. PAPPERT  
ATTORNEY GENERAL**

www.attorneygeneral.gov

Office Use Only Investigator:  
Complaint #

Code 1

Code 2

Bureau of Consumer Protection  
Room 100, Sumter Building  
101 Penn Avenue  
Scranton, PA 18503-2025  
(570) 963-4913

YOUR NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

HOME PHONE NUMBER

BEST NUMBER TO CALL DURING THE DAY

NAME OF BUSINESS COMPLAINT IS AGAINST

NAME OF OWNER OR OTHER INDIVIDUAL TO WHOM YOU COMPLAINED

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

PHONE

PRODUCT(S) OR SERVICE(S) PURCHASED

DATE OF PURCHASE

PURCHASED PRICE

To what other agencies have you complained? PA DEPR of Motor Vehicle SAFETY

What action was taken? Under investigation

Have you retained an attorney?  Yes  No

If yes, please provide your attorney's name, address and telephone number

Have you filed a court action?  Yes  No

If yes, please state WHEN, WHERE and WHAT decision was made?

Your Age:

- 18-29
- 30-44
- 45-59
- 60 or older

How did you find out about this?

- Visited Office
  - Attended County/State Fair or Shopping Engagement
  - State Legislature Agency News Story
  - Internet
  - Other
- Please Specify:

Phone Safety  
(This information will be used for Statistical & Enforcement Purposes Only)

**1-800-441-2555**

Please explain your complaint. You may use additional sheets if necessary. Please print or type clearly. Try to be brief, but be sure to tell **WHAT** happened, **WHEN** it happened and **WHERE** it happened. Be specific about any oral statements the business made to you, **ESPECIALLY** those that influenced you to deal with the company. Describe events in the order in which they happened. Attach **COPIES** of all contracts, letters, receipts, canceled checks (front & back), advertisements or any other papers that relate to your complaint.

Around AUG 2002 We purchased a new 2002 Nissan Sentra. From new, the car stalled intermittently but sometimes as many times as 100 in 1 hr. I kept taking the car to Abeloff's in Stuyvesant for service. They either found air sensor problems or they would claim they could not find the problem. I needed rental cars on 2 occasions I was on the phone with Nissan Motor Corp often. No one seemed to be able to solve the stalling problem. In-between these repair orders I would call Abeloff's + Nissan telling them of my stalling problem but no one could help. Then I got a recall notice claiming engine sensors were bad causing a stalling problem. The recall stated car is able to cause death. I took the car in and had the recalls done. Three times after the recalls were

**WHAT WOULD YOU LIKE THE BUSINESS TO DO TO SETTLE YOUR COMPLAINT?**

I would like the \$800.00 back that I had to pay for repair + repair of the air intake sensor and I would like a refund for the auto that has proven to be too unsafe to drive.

As a consumer protection agency, the primary function of the Office of Consumer Affairs is to enforce laws prohibiting fraudulent or deceptive trade practices. If the business you are complaining about has violated these laws, the Office will investigate and attempt to resolve your complaint and will be shared with the party. The Office of Consumer Affairs also provides as a service to consumers the Consumer Complaint Resolution Program. Your complaint will remain on file for 90 days. If you are not satisfied with the results of the program, you may file a complaint with the Pennsylvania Department of Consumer Affairs. The Office of Consumer Affairs will investigate and attempt to resolve your complaint and will be shared with the party.

7/12/04  
DATE

performed. I had stalling problems. I called Nissan  
not even a return call. I called Abaloff —  
they said they needed to see the car the minute it  
started stalling so they could check the engine. They started  
saying I was not changing the oil & it was my fault.  
So we changed the oil & filter but the problem  
continued. ON 6-29-04 The car started stalling again.  
ON 6-30-04 IT WAS STALLING AT FASTER RATES OF  
SPEED ON MAIN ROADS. I KNEW THE CAR WAS VERY  
DANGEROUS AT THIS POINT SO I CALLED A TOW TRUCK TO TOW  
IT TO Abaloff. I CALLED NISSAN AND SPoke TO Miss  
Johnson at ext 8445. I got NO where. Three days  
later abaloff said my air census was bad AGAIN  
and it would cost 700.00 to fix. Nissan refused  
to cover the repair. So I paid 700.00 + 100.00  
for rental and I said I wanted to talk with  
Mrs Johnson's supervisor. Several days later a  
woman named Vanessa called from Nissan. She  
claimed the repair was not covered because it  
was a lack of maintenance on my part. I told her that  
was not what the service mgr Chris at Abaloff's  
told her. This was 12:00 7/8/04. She said she'd  
call Chris and talk to him because she hadn't talked  
to him herself. At 1:00 7/8/04 She called me back  
and said she apologized. That the service mgr Chris  
said it was not a maintenance problem but Nissan  
was not in the position to cover reimbursement. That's  
when I called Pa Dept of Vehicle Safety and they  
threw her

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**