



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

Date Received

Od_or _____
n_dt _____
od_r _____
up_tr _____

2004 JUL 15 PM 5:32

Reference No.

10082060

OWNER INFORMATION (Type or Print)

Name _____

Street No. _____ Apt. No. _____

City Albany State IL Zip Code _____

Daytime 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 _____, please provide the name or address to the vehicle manufacturer.

Signature of Owner _____

Date 6/30/2004

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) <u>4U2GKJCA2Y</u>		Make <u>NISSAN</u>	Model <u>DRIVEN</u>	Year <u>2000</u>	
Purchased Date <u>1/2000</u>	Dealer's Name <u>Collins RV Center</u>		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>Rockford</u>	State <u>IL</u>	Zip Code _____	No. Cylinders _____	
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Motorball <input type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <u>RV</u>
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>Tires</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand <u>Michelin</u>	Tire Name _____		
Complete Tire Size <u>255/80R 22.5 X RV</u>	DOT No. _____		
No. of Failures _____	Date(s) of Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) _____		Vehicle Speed at Failure(s): _____	

APPLICABLE INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Reported to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

I received Recall Notice # 04V-037 early this year. I contacted the NHTSA Recall Center and agreed to have my tires sent to Camping World in Mission, TX in order to get tires replaced prior to our leaving Texas on 4/1/04. Tires did not arrive until either 4/22 or 4/24. Camping World would not schedule work until wk 4/5/04 which was after we left Texas. I have attempted to contact Nissan several times, but have received only 1 returned call on 5/5/04 from Allen Smith. He was to get back to me within a couple days. I have heard

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

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

UNSUCCESSFUL IN MAKING ANY FURTHER CONTACT WITH THE TIRE RECALL CENTER.
I BELIEVE MA. SMITH IS AN EMPLOYEE OF FREIGHTLINER THAT WAS
TEMPORARILY ASSIGNED TO THE TIRE CENTER TO HELP WITH BACKLOG OF CALLS.
I STILL HAVE THE ORIGINAL TIRES THAT MIGHT BE UNSAFE

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 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, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S
QUESTIONNAIRE
(VQQ)**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

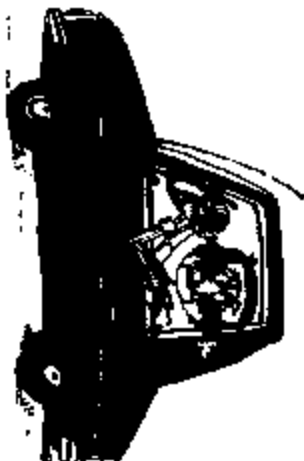
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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(DASH) 2 DOT



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