



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

# Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

FOR AGENCY USE ONLY

Date Received

Aug 1, 2006

Repository

Reference No.

10164787

## OWNER INFORMATION (Type or Print)

Name

Street No.

City

State

Apt. No.

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail

TOMKINS Cove

NY

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO

In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance of

Signature of Owner

Date 7/25/06

## VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side

Make

Model

Year

Current Mileage

J N A M A B O H E

NISSAN

UD 1800

2005

48000

Date Purchased

9/1/04

Dealer's Name and Telephone Number

JIM REED TRUCK SALES Inc 914- 737 3990

Engine: Diesel

Fuel Type:

Original Owner

Dealer's City

BEESKILL Cortlandt Manor

State

NY

Zip Code

10567

No. Cylinders 6

Diesel  Hybrid

Gas  Other

Transmission Type

Manual

Automatic

Antilock Brakes

Cruise Control

Powertrain

All-Wheel Drive

Front-Wheel Drive

Rear-Wheel Drive

Four-Wheel Drive

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name

EXHAUST BRAKES

Incident Date(s)

ALL THE TIME ON ROUGH ROAD

Failure Mileage

Failure Speed

50-30

Failure Location

Driver  Passenger

Front  Rear

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand

Tire Model/Line

Tire Name

Tire Size (Example: P215/65R1105)

Failed Structure

Tread  Sidewall  Bead

DOT No. (Example: DOT MAL9ABC036 on sidewall)

Original Equipment  
 Prior Repair

Failure Type:

Blowout  Blister  Crack  Torn  Tread Separation  Road Hazard  Out of Round

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make

Date Manufactured

Model Number and Name

Seat Type

Infant  Booster  Integrated  Convertible  Other

Installed in Vehicle using the:

Vehicle safety belt

LATCH system\*

\*Vehicle info required

Failed Part. Describe Failure Below

Base  Harness/Buckle  LATCH Connector  Shell  Handle  Other

## 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

Number of Deaths

Police Report No.

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

EXHAUST BRAKES do NOT work on Rough Roads.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 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