



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 100148

Date Received

Repository ☐

18-OCT-2006

Reference No.
10171236

OWNER INFORMATION (Type or Print)

Name

Address

City

EUREKA

State CA

Zip Code

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 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

1N6DD26S4XC

Make

NISSAN

Model

FRONTIER

Model Year

1999

Date Purchased
14-APR-99

Dealer's Name and Telephone Number

MCCREA NISSAN (707) 442-1741

Engine:

No: Cylinders 4

Fuel Type:

GAS

Original Owner

☒

Dealer's City

EUREKA, CA

State

CA

Zip Code

95501

Transmission Type

☒

Antilock Brakes

Powertrain

MANUAL

☒

Cruise Control

Vehicle Component Code

123000 EXTERIOR LIGHTING:TAIL LIGHTS

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-OCT-2006

Failure Mileage

80000

Failure Speed

LIGHT BULBS FALL OUT ON BOTH SIDES, LEAVING ME WITH NO BRAKE LIGHTS OR TAIL LIGHTS

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

Number of Deaths

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).

DT*: THE CONTACT STATED THE TAIL LIGHTS BULB CONSTANTLY FELL OUT THE ASSEMBLY. THE VEHICLE WAS TAKEN TO THE DEALER WHO CHECKED THE VIN # TO DETERMINE IF IT WAS UNDER ANY RECALLS. THERE WAS A NHTSA RECALL #99V347002 REGARDING EXTERIOR LIGHTING:TAIL LIGHTS. THE CONTACT NOTIFIED THE MANUFACTURER, WHO CONFIRMED THAT THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN. NO REPAIRS WERE MADE.

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), Crash(es), and Injury(ies)

WITHIN FIRST 3 YEARS, BOTH BULBS IN THE TAIL LIGHT UNITS FELL OUT.
AT FIRST THOUGHT LIGHT WAS OUT, WHEN REPLACING BULB FOUND OLD
ONE IN UNIT. OVER THE COURSE OF THE YEAR BULBS FELL OUT 4-5 TIMES.
WENT TO DEALER TO SEE ABOUT RECALLS REGARDING TAIL LIGHTS WAS TOLD
NO RECALLS, THEY WOULD REPLACE THE UNITS AT MY EXPENSE. I FINALLY
PUT ELECTRICIANS TAPE AROUND BULBS & PLUG-IN UNITS TO KEEP BULBS IN.
WHEN I FOUND THAT NISSAN HAD RECALLED THE '99 FRONTIERS FOR SAME
PROBLEM, I WAS TOLD THAT MY VEHICLE WAS NOT PART OF RECALL. REPLACEMENT
OF UNIT WOULD BE AT MY EXPENSE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

