

 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 JUL - 8 2011 27-APR-2011		Repository <input type="checkbox"/> Reference No. 10398005
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
GARFIELD	NJ			
<i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i>				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
JN8AR0546WW		NISSAN	PATHFINDER	1998
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
2/07	Riva Dr. Motor, Inc 973-271-3566		No: Cylinders	Gas
Original Owner	Dealer's City	State	Zip Code	
<input type="checkbox"/>	GARFIELD	NJ	07026	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
Auto	<input checked="" type="checkbox"/> Cruise Control	Yes		22-NOV-2010
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 021000 SUSPENSION: FRONT			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)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).				
TL* THE CONTACT OWNS A 1998 NISSAN PATHFINDER. THE CONTACT STATED THAT THE VEHICLE WOULD SWAY FROM SIDE TO SIDE ABNORMALLY CAUSING LIMITED STEERING CONTROL. THE VEHICLE WAS TAKEN TO A LOCAL REPAIR SHOP WHERE THE CONTACT WAS INFORMED THAT THE STRUT HOUSING WAS DEFECTIVE AND WOULD NEED TO BE REPLACED. THE CONTACT CALLED THE MANUFACTURER WHO ADVISED THAT THE VEHICLE WAS NOT INCLUDED IN THE RECALL ASSOCIATED WITH NHTSA CAMPAIGN ID NUMBER: 11V244000 (SUSPENSION:FRONT). THE VEHICLE WAS NOT REPAIRED. THE VIN WAS UNAVAILABLE. THE CURRENT MILEAGE WAS 140,000 AND THE FAILURE MILEAGE WAS UNKNOWN.				
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 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.				