



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 241

Date Received

26-MAR-2002

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Reference No.

8006446

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or side of dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	NISSAN TRUCK	XTERRA	2002	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
				Vehicle Type
				<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
				Body Style
				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12411000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Dates of Failure(s) 23-MAR-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 15100		
	Vehicle Speed at Failure(s) 20		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES VEHICLE WAS INVOLVED IN A FRONTAL COLLISION OF 20-25 MPH INTO A TREE AND NEITHER AIR BAG DEPLOYED. THE DEALER AND THE MANUFACTURER HAVE NOT BEEN NOTIFIED AT THIS TIME. NLM

COPIES OF THIS FORM ARE:

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.

Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 www.nhtsa.dot.gov/hotline
 1-888-327-4238
 NATIONWIDE 1-888-DASH-2-DOT

OWNER INFORMATION (Type or Print)
 ROSELLE NJ
 Home Number: [Redacted]
 Work Number: [Redacted]
 745491

FOR AGENCY USE ONLY 241
 Date Received: 26-MAR-2002
 Office: DEFECTS INVESTIGATION
 OD or HHR: _____
 up, lr: _____
 Reference No.: 8006446

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): [Redacted]
 Vehicle Make: NISSAN TRUCK
 Vehicle Model: XTERRA
 Vehicle Year: 2002
 Current Odometer Reading: 15146

PLEASE FILL IN *3/19/01*
 Dealer's Name: Route 22 NISSAN
 City: FLETCHER State: N.J. Zip Code: 07205
 Purchase Date: 3/19/01
 New Used

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12111000
 Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA
 Location: Front Left Right
 Failed Part(s): Original Replacement

Transmission Type: Automatic Manual
 Restraint System: 3-Point Belt Motorbelt 2-Point Belt
 Anilock Brakes: No Yes
 Cruise Control: No Yes
 Drive Train: 4-Wheel Front Rear
 Vehicle Type: Car Van Minivan Other
 Sport Util Truck Motorcycle
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No of Failures: 1
 Date(s) of Failure(s): 23-MAR-2002
 Mileage at Failure(s): 15100
 Vehicle Speed at Failure(s): 20
 Failed Part(s): Yes No
 NHTSA Previous Y: Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: 0
 Number of Fatalities: 0
 Estimated Property Damage: 0
 Reported to Police: Yes No

CONSUMER STATES VEHICLE WAS INVOLVED IN A FRONTAL COLLISION OF 20-25 MPH INTO A TREE AND NEITHER AIR BAG DEPLOYED. THE DEALER AND THE MANUFACTURER HAVE NOT BEEN NOTIFIED AT THIS TIME. NLM

CONTINUE ON BACK IF NEEDED

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