



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 436

Date Received

12-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

882789

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)<br><small>(Location at bottom of windshield and driver's side door)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                        | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                      |
| JN8HD16Y4HW017990                                                                                    |                                                                        | NISSAN TRUCK                                                                                                                                                                                                        | PATHFINDER                                                             | 1987                                                                                                                                         |                                                                                                                                                                                               |
| Purchase Date                                                                                        | Dealer's Name _____                                                    |                                                                                                                                                                                                                     | Engine Size<br>(CID/CC/L) _____                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                               |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                | City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                     | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                               |
| Transmission Type                                                                                    | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                    | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                      |
|                                                                                                      |                                                                        |                                                                                                                                                                                                                     |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                    |
|                                                                                                      |                                                                        |                                                                                                                                                                                                                     |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |                                                                     |                                                                                                                                          |                                                                                             |
|-----------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>05150031 | Part Name(s)<br>ENGINE:CAMSHAFT (8/82)                              | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>05-JUN-1997<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

|                                                                              |                                                                             |                           |                      |                           |                                                                                           |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

CONSUMER WAS GOING 20MPH & HEARD A GRINDING NOISE. VEHICLE CAME TO A GRINDING HOLT AND WOULD DO ANYTHING. IT CUT OFF RIGHT IN FRONT OF A AUTO SHOP. THEY FOUND TOP OF HEAD BOLT HAD SHEARED OFF AND FELL DOWN INTO CAMSHAFT AND BUSTED IT. IT WAS PASSED MILEAGE FOR MANUFACTURER TO COVER IT.\*AK

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.



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

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 435

Date Received

12-MAR-2001

EFFECTS OF THIS

 Od\_or  
rt\_pt  
od\_rt  
up\_kr

Reference No.

882789

## OWNER INFORMATION (Type or Print)

679569

Work Number

Home Number

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 3/27/01

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN): (locate vehicle or windshield on driver's side)

Vehicle make

Vehicle Model

Vehicle Year

Current Odometer Reading

NISSAN TRUCK

PATHFINDER

1987

218,236.8

Purchase Date

12-1989

Dealer's Name Jim Sigel Nissan

Engine Size

(CID/CC/L) V630L

☐ Turbo☐ Diesel☒ Gas☒ Fuel Injection☐ New ☒ Used

City Grants Pass State OR Zip Code 97526

No Cylinders

6

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☒ Manual☐ Yes☒ 3-Point Belt☐ Motorbell☐ Yes☐ Front☒ Sport Uti☒ 2-Door☐ Automatic☒ No☐ Driverside Airbag☐ 2-Point Belt☒ No☐ Rear☐ Truck☐ 4-Door☐ Passengerside Airbag☒ 4-Wheel☐ Motorcycle☐ Stationwagon☐ Pick Up Truck☐ Other

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

Component

05150031

Part Name(s)

ENGINE:CAMSHAFT (8/82)

Location

☐ Left☐ Right☐ Front☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 05-JUN-1997

Mileage at Failure(s) 170,657.8

Vehicle Speed at Failure(s) 20mph

Failed Part(s)

Available?

☒ Yes ☐ No

NHTSA Previously

Contacted?

☐ Yes ☒ No

## APPLICATION INCIDENT INFORMATION

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

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Fatalities

0

Estimated Property Damage

\$2500.00

Reported to Police

☐ Yes ☒ No

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

CONSUMER WAS GOING 20MPH & HEARD A GRINDING NOISE. VEHICLE CAME TO A GRINDING HALT AND WOULD DO ANYTHING. IT CUT OFF RIGHT IN FRONT OF A AUTO SHOP. THEY FOUND TOP OF HEAD BOLT HAD SHEARED OFF AND FELL DOWN INTO CAMSHAFT AND BUSTED IT. IT WAS PASSED MILEAGE FOR MANUFACTURER TO COVER IT.\*AK

I would like this report sent to Nissan. I'd like to know why this bolt broke and busted my engine. The truck had 20,000 miles on it when I bought it in Dec 1989. I've religiously had the vehicle tuned up.

CONTINUE ON BACK IF NEEDED

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