Form Approved: OMB No. 2127-0042

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: 27-AUG-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 895208

[redacted]

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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1N6HD16Y5SC343122	NISSAN TRUCK	PICKUP	1995	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
09205000	LIGHTING:LAMP OR SOCKET:TAIL LIGHTS	☐ Left ☐ Front ☐ Right ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	27-JUL-2001 40000 Mileage at Failure(s)_____	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

98 V 234 000/LIGHT BULB SOCKET: VEHICLE TAIL LIGHT BULBS HAVE TO BE REPLACE EVERY TWO WEEKS OR LESS; DEALER / MANUFACTURER WERE NOTIFIED, AND INFORMED THAT VEHICLE WAS NOT COVERED UNDER THAT RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON NEXT PAGE

Form Approved. O.M.B. No 2127-0008

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 241

Date Received
SEP 14 AM 7:52
27-AUG-2001
OFFICE
DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.
895208

OWNER INFORMATION (Type or Print)

[redacted] 710793

Work Number
Home Num [redacted]

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) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1N6HD16Y5SC343122	NISSAN TRUCK	PICKUP	1995	41,000

Purchase Date: AUG '95 ☒ New ☐ Used
Dealer's Name: NISSAN HONDA
City: STATEN ISLAND State: NY Zip Code: 10305
Engine Siz (CID/CC/L: ___ No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injectio

Transmission Type: ☐ Manua ☒ Automatic
Antilock Brakes: ☐ Yes ☒ No
Restraint System: ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2 Point Bel ☐ Passengerside Airbag
Cruise Contro: ☒ Yes ☐ No
Drive Trai: ☐ Front ☐ Rear ☒ 4-Wheel
Vehicle Type: ☐ Car ☐ Sport Ut ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other
Body Style: ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
09205000	LIGHTING:LAMP OR SOCKET:TAIL LIGHTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacemen

No of Failures:
Date(s) of Failure(s): 27-JUL-2001
Mileage at Failure(s): 43000
Vehicle Speed at Failure(s):
Failed Part(s): ☐ Yes ☐ No
NHTSA Previously: ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

98 V 234 000/LIGHT BULB SOCKET: VEHICLE TAIL LIGHT BULBS HAVE TO BE REPLACE EVERY TWO WEEKS OR LESS; DEALER / MANUFACTURER WERE NOTIFIED, AND INFORMED THAT VEHICLE WAS NOT COVERED UNDER THAT RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED