



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 231**

Date Received

02-OCT-2001

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

Reference No.

897194

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
JN8HD17Y7MW034629	NISSAN TRUCK	PATHFINDER	1991			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <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 checked="" 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 type="checkbox"/> Other _____

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

Component 12364000	Part Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST	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	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHILE IN A CAR CRASH REAR DRIVER'S AND PASSENGER'S SEATBACKS RECLINED UPON IMPACT.  
PLEASE PROVIDE FURTHER INFORMATION.\*AK**

CONTINUE ON REVERSE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2 style="margin: 0;">Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 231</p> <p>Date Received: <u>OCT 23 2001</u></p> <p>Od_or _____ rt dt _____ od_rt _____ up_tr _____</p> <p>Reference No. <b>897194</b></p> <p>Work Number _____ Home Number _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] 378</p>		<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an _____ name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>10/10/01</u></p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
in the absence of an \_\_\_\_\_ name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 10/10/01

<p><b>VEHICLE IDENTIFICATION INFORMATION</b></p> <p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>JNBHD17Y7MW034629</b></p>		<p>Vehicle Make <b>NISSAN TRUCK</b></p>	<p>Vehicle Model <b>PATHFINDER</b></p>	<p>Vehicle Year <b>1991</b></p>	<p>Current Odometer Reading <b>80,000</b></p>	
<p>Purchase Date <b>7-1-94</b></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) <b>3.0</b></p> <p>No. Cylinders <b>6</b></p>	<p><input type="checkbox"/> Turbo Diesel Gas Fuel Injection</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt</p> <p><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Trn.</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up Truck</p>

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component <b>12364000</b></p>	<p>Part Name(s) <b>INTERIOR SYSTEMS:BUCKET:BACK REST</b></p>	<p>Location</p> <p><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Original Replacement</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p>
<p>No. of Failures <b>1</b></p>	<p>Date(s) of Failure(s) <b>9/30/01</b></p> <p>Mileage at Failure(s) <b>79,900</b></p> <p>Vehicle Speed at Failure(s) <b>STOPPED, HIT FROM REAR</b></p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
<p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <b>2</b></p>	<p>Number of Fatalities <b>0</b></p>	<p>Estimated Property Damage <b>\$6,000 +</b></p>	<p>Reported to Police</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

WHILE IN A CAR CRASH <sup>FRONT</sup> DRIVER'S AND PASSENGER'S SEATBELTS RECLINED UPON IMPACT. PLEASE PROVIDE FURTHER INFORMATION. \*AK

**CAR WAS HIT FROM THE REAR BY A PICK-UP TRUCK TOWING A BOAT.**

CONTINUE ON BACK IF NEEDED

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