



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
 DC METRO AREA (202) 366-0123  
 INTERNET <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
**CORRECT MARK: ■**

**FOR AGENCY USE ONLY**

Date Received <i>1/17/02</i>	Office
Reference No.	Agent
	Supervisor

**OWNER INFORMATION (Type or Print)**

**DAYTIME TELEPHONE NUMBER**

**VEHICLE INFORMATION**

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<i>1N6ED27Y0YL358319</i>	<i>Nissan</i>	<i>Frontier</i>	<i>09-11-99</i>	<i>2000</i>

**VEHICLE MANUFACTURER**

<input type="checkbox"/> BMW	<input type="checkbox"/> Ford	<input type="checkbox"/> Honda	<input checked="" type="checkbox"/> Nissan	<input type="checkbox"/> Subaru	<input type="checkbox"/> Volvo	<input type="checkbox"/> Other
<input type="checkbox"/> Daimler/Chrysler	<input type="checkbox"/> General Motors	<input type="checkbox"/> Hyundai	<input type="checkbox"/> Saab	<input type="checkbox"/> Toyota	<input type="checkbox"/> VW	

<b>PURCHASE DATE</b> <i>10/28/99</i>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	<b>DEALER'S NAME</b> <i>Atlantic Auto Mall</i>	<b>CITY</b> <i>Bay Shore</i>	<b>STATE</b> <i>N.Y.</i>	<b>ZIP CODE</b> <i>11755</i>
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<b>ENGINE SIZE</b> CID/CC/L	<b>FUEL SYSTEM</b> <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	<b>FUEL TYPE</b> <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<b>TRANSMISSION TYPE</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<b>ANTILOCK BRAKES</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESTRAINT SYSTEM</b> <input checked="" type="checkbox"/> Driver's Airbag <input checked="" type="checkbox"/> Passenger's Airbag <input type="checkbox"/> 3-Point Belt	<b>CRUISE CONTROL</b> <input type="checkbox"/> Motor <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>DRIVETRAIN</b> <input type="checkbox"/> Front <input type="checkbox"/> Rear	<b>VEHICLE TYPE</b> <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<b>DOORS</b> <input type="checkbox"/> 2 Door <input checked="" type="checkbox"/> 4 Door	<b>BODY STYLE</b> <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Sedan <input type="checkbox"/> Stationwagon
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

<b>COMPONENT</b> <input type="checkbox"/> Air-Id Snd <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input checked="" type="checkbox"/> Power Train - <i>Drive shaft</i> <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	<b>NO. OF FAILURES</b> 1 (1) (2) (3) (4) (5) (6) (7) (8) (9)	<b>To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).</b>	
	<b>INCIDENT DATE</b>	<b>TIRE NAME</b>	<b>COMPLETE TIRE SIZE</b>
	<b>MILEAGE AT INCIDENT</b> <i>26,100</i>	<b>TIRE BRAND</b> <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly-Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input checked="" type="checkbox"/> Other <i>General</i>	
	<b>VEHICLE SPEED AT INCIDENT</b>	<b>FAILED PART(S)</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
<b>HANDICAPPED ADAPTIVE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>FAILED PART(S) AVAILABLE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NHTSA PREVIOUSLY CONTACTED?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**APPLICABLE INCIDENT INFORMATION**

<b>Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.</b>	<b>CRASH</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NUMBER OF PERSONS INJURED</b> 0 1 2 3 4 5 6 7 8 9	<b>CAUSE OF INCIDENT</b> <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Loose <input type="checkbox"/> Enable/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticker/Grabs <input type="checkbox"/> Stability/Vibrat or <input type="checkbox"/> Broken	<b>RESULT OF INCIDENT</b> <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	<b>FIRE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NUMBER OF FATALITIES</b> 0 1 2 3 4 5 6 7 8 9		

PLEASE DO NOT WRITE IN THIS AREA



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**Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.**

Vehicle has "Known" problem with driveshaft hanger bearing. Involves a two piece drive-shaft. Bearing that connects the two shafts is faulty. Vibration on acceleration becomes worse around 26,000 miles. Failure to replace could cause drive shaft to fall out. After being replaced twice ~~the~~ bolts holding hanger bearing in place wear and don't hold shaft in place. Rubber surrounding Bearing Rips & falls apart.

Continue on additional page if necessary.

**Describe any additional incidents. (Include date and mileage)**

**The Privacy Act of 1974—Public Law 93-502** This information is requested pursuant to authority issued 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 self-initiated enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/99)

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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

Complete and return or place in your car manual for future use



# VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

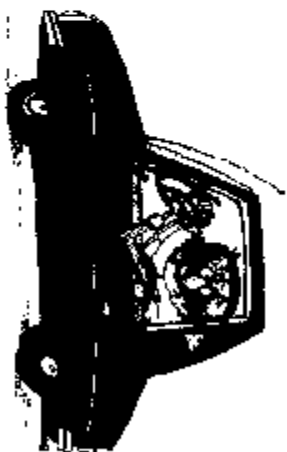
**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)