



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
**To Report Vehicle Safety Defects**  
**1-888-DASH-2-DOT**  
**(1-888-327-4236)**  
**INTERNET:www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 241

Date Received 14-SEP-1999  
 Repository   
 Reference No. 847730

**OWNER INFORMATION (Type or Print)**

Name .....  
 Address .....  
 City FEDERAL WAY State WA Zip Code .....  
 Daytime Telephone Number ..... E-mail Address .....  
 Evening Telephone Number .....

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
 PLEASE FILL Make NISSAN Model PATHFINDER Model Year 1988  
 Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:  
 Original Owner  Dealer's City State Zip Code  
 Transmission Type  Antilock Brakes Powertrain Vehicle Component Code  
 Cruise Control 012200 STEERING:COLUMN LOCKING:ANTI-THEFT DEVICE  
 Multiple Failure:

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

Incident Date(s) 09-SEP-1999 Failure Mileage Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)  
 DOT No. (Example: DOTM9ABC036)  Original Equipment Failure Location:  
 Prior Repair  
 Tire Component Code Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: Date Manufactured: Model No./Name:  
 Seat Type: Installation System:  
 Child Seat Component Code: Failed Part:

**APPLICABLE INCIDENT INFORMATION**

*(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)*

Crash  Yes  No Fire  Yes  No  
 Number of Persons Injured Number of Deaths Reported to Police  
 N

**Narrative Description of Incident(S), Crash(es), and Injury(ies).**  
**Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).**

REPORTING LOCKING PIN BROKE, PREVENTING STEERING WHEEL FROM UNLOCKING. SEEKING HELP OR PROVIDE ADDITIONAL INFORMATION ON THIS MATTER. ALSO DEALER/MANUFACTURER WERE NOT CONTACTED AT THIS TIME. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY  
 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 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.