



Auto Safety Hotline
Vehicle Owner's Questionnaire
 NATIONWIDE 1-800-424-8393
 DC METRO AREA (202) 368-0123
 INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY

Date Received: 12-Sep-02

Reference No.:

Color: _____
 red: _____
 advt: _____
 uptr: _____

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

OWNER INFORMATION (Type or Print)

CITY: _____ STATE: _____

ZIP CODE + 4: _____ AREA CODE: _____

DAYTIME TELEPHONE NUMBER: _____

ENTER ZIP CODE: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? Yes No

Signature of Owner: _____ DATE: Aug 18, 2002

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Record at bottom of windshield or driver's door: _____

VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MANUFACTURE DATE: _____ MODEL YEAR: 1997

VEHICLE MANUFACTURER:
 BMW Ford Honda Nissan Subaru Volvo Other
 Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE: New Used DEALER'S NAME: FREEHOLD NISSAN CITY: FREEHOLD NJ STATE: _____ ZIP CODE: _____

ENGINE SIZE (CID/OZ/L): _____ NO. CYLINDERS: 6

FUEL SYSTEM: Turbo Fuel Injection FUEL TYPE: Diesel Gas TRANSMISSION TYPE: Manual Automatic

ANTILOCK BRAKES: Yes No RESTRAINT SYSTEM: Driverside Airbag 2-Point Belt Passengerside Airbag Motorbelt 3-Point Belt CRUISE CONTROL: Yes No

DRIVETRAIN: Front 4-Wheel Rear VEHICLE TYPE: Car Minivan Truck Other Van Sport Utility Motorcycle

DOORS: 2-Door 4-Door BODY STYLE: Hatchback Sedan Pick Up Truck Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Child Seat Electrical Lights & Alarms Engine & Cooling System Equipment Fuel System, Exhaust Heater, Defrost, Ventilation Interior Parking Brakes Power Train Service Brakes Steering Structure Suspension Visual Systems Other _____

NO. OF FAILURES: 1

INCIDENT DATE: Aug 3, 2002

MILEAGE AT INCIDENT: 63,000

VEHICLE SPEED AT INCIDENT: ALTERNATOR

FAILED PART(S): Original Replacement

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

TIRE NAME: _____ COMPLETE TIRE SIZE: _____

TIRE BRAND: BF Goodrich Cooper Firestone Goodyear Kelly Springfield Michelin Yokohama Other _____

HANDICAPPED ADAPTIVE: Yes No

FAILED PART(S) AVAILABLE: Yes No

NHTSA PREVIOUSLY CONTACTED?: Yes No

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crack(s), and injury(ies) on the back of this form.

CRASH: Yes No

NUMBER OF PERSONS INJURED: 0

NUMBER OF FATALITIES: 0

CAUSE OF INCIDENT: Wear/Corroded/Rust Nasty Weak/Poor Fit/Loose Leaks Cut/Torn Short Disconnect/Fall Off Locks/Sticks/Grabs Erratic/Poor Performance Stability/Vibration Excessive Effort Broken

RESULT OF INCIDENT: Injury/Fire Loss of Control Poor Visibility Inadvertent Start Rollover Stalls Other _____

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**