



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 1367

Date Received

Repository

Reference No.
10004474

OFFICE INVESTIGATION

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name

Address

City

ALBERTSON

State NY

Zip Code

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

Signature of Owner

Date 1/1

VEHICLE INFORMATION

Make	NISSAN	Model	ALTIMA	Model Year	1997
Date Purchased	8/25/96	Dealer's Name and Telephone Number	BIENER-NISSAN 516 482 7700	Engine: No. Cylinders	4
Original Owner	<input checked="" type="checkbox"/>	Dealer's City	GREAT NECK	State	NY
		Zip Code	11621	Fuel Type:	REGULAR
Transmission Type	Auto.	Antilock Brakes	<input type="checkbox"/>	Powertrain	2.4L-150HP-16V V6
		Cruise Control	<input checked="" type="checkbox"/>	Vehicle Component Code	141100 AIR BAGS:FRONTAL;SENSOR/CONTROL MODULE
				Multiple Failure:	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	23-NOV-2002	Failure Mileage	28000	Failure Speed	
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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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	—	Number of Deaths	—	Reported to Police	N
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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).

WHILE DRIVING THE AIR BAG SENSOR LIGHTS STARTED FLICKERING. THE DEALERSHIP INDICATED THAT IS WAS RELATED TO A PART IN THE COMPUTER, THAT NEEDED TO BE REPLACED (PART UNKNOWN). TS

The dealer said this repair would cost \$850.-!
The sensor light is still blinking and I don't know if we have workable air bags. These air bags have never been used - why should this happen? (OVER)

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

The Privacy Act of 1974 (Public Law 93-502) 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Our car is in mint condition, it is always checked up, I can't believe that the repair for this is \$850-!! I am product is really fixed, how can it now be faulty.

EMAIL after 5/1/03

BEFORE 5/1/03

PHONE TO 511
" BEFORE 5/1

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS 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, NVS-216
400 7th Street, SW
Washington, DC 20590



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DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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