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 100079

Date Received: 12-FEB-2004 (2004 MAR 17 AM 11:05)
Repository: ☐
Reference No.: 10058025

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: BLUE SPRINGS | State: MO | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address:

Do you authorize [redacted] to release your name or address to the vehicle manufacturer? ☒ YES ☐ NO
In the absence of [redacted]
Signature of Owner: [redacted] Date: 3/3/04

VEHICLE INFORMATION

17 digit vehicle identification number (located at bottom of windshield on driver's side)	Make	Model	Model Year
JNIAZ34E63T002259	NISSAN	350Z	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
9-14-02	McCarthy Nissan 816-224-7500	6	Gas

Original Owner	Dealer's City	State	Zip Code
☒	Blue Springs	MO	64015

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: FRONT WHEEL DRIVE	103000 POWER TRAIN: AUTOMATIC TRANSMISSION Multiple Failure: 8

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
12-FEB-2004	2000	20,30,40,

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: DOTMAL9ABC038)	☐ Original Equipment ☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHILE DRIVING AUTOMATIC TRANSMISSION DOESN'T SHIFT PROPERLY FROM THE ~~FIRST~~ TO THE SECOND GEAR. DEALER INSPECTED VEHICLE ~~SEVEN~~ SEVERAL TIMES, AND WAS ~~UNABLE~~ TO DUPLICATE ~~THE~~ THE PROBLEM. AK THIRD → but not correct it.

Began noticing inability to engage second gear from 4TH, ~~to~~ to second, Third, regardless of speed or RPM. Sometimes two or three attempts before engaging.

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

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

There should be better information in owners handbook and by sales rep informing buyers that "manual" shifting is not like a true manual shift transmissions. Many drivers use down shifting as an assist to braking, and when this can not be done properly a driver may not be able to slow in time when entering a curve or at any time when trying to slow the car.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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

Official Business
Penalty for Private Use $300

PM 04 MAR 2004

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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

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http://www.nhtsa.dot.gov/people/outreach/safecar/