



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

04 MAR 17 AM 11:05
12-FEB-2004

Repository ☐

Reference No.

10058025

OWNER INFORMATION (Type or Print)

Name

Address

City

BLUE SPRINGS

State

MO

Zip Code

64015

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize
In the absence of
Signature of Owner

Manufacturer of your vehicle?

☒ YES

☐ NO

your name or address to the vehicle manufacturer.

Date 3/3/04

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side

JN1AZ34E63T002259

Make

NISSAN

Model

350Z

Model Year

2003

Date Purchased

9-14-02

Dealer's Name and Telephone Number

Mc CARTHY NISSAN 816-224-7500

Engine:

No. Cylinders

6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

Blue Springs

State

MO

Zip Code

64015

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 8

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

12-FEB-2004

Failure Mileage

2000

Failure Speed

20, 30, 40,

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/55R15)

DOT No. (Example: D0TMAL8ABC038)

☐ 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

☐ 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).

WHILE DRIVING AUTOMATIC TRANSMISSION DOESNT SHIFT PROPERLY FROM THE FIRST TO THE SECOND GEAR. DEALER INSPECTED VEHICLE SEVERAL TIMES. AND WAS UNABLE TO DUPLICATE OR REPRODUCE THE PROBLEM. *AK THIRD

SEVERAL

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

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 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)

There should be better information in owners handbook and by sales rep informing buyer that "manual" shifting is not like a true manual shift transmission. 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.

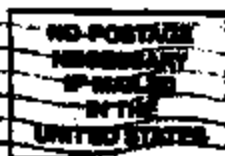
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of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



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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OWNER'S
QUESTIONNAIRE**

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ON

DASH2DOT

and dial toll free at

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(DASH) & DOT



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www.safercar.gov