



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 336

Date Received: 2004 APR 29 PM 12:58  
07-APR-2004  
Repository   
Reference No. 10066782

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: LOS ANGELES State: CA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an authorized representative, your name or address to the vehicle manufacturer.  YES  NO  
Signature of Owner: [Redacted] Date: 4/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JNKLV51E43 [Redacted]  
Make: INFINITI Model: 3261 E35 Sedan Model Year: 2003  
Date Purchased: 26-OCT-02 Dealer's Name and Telephone Number: PEYTON CREDIT FINANCIAL 310-325-5535  
Original Owner:  Dealer's City: TORRANCE CA State: CA Zip Code: 90505  
Engine: No. Cylinders: 6 Fuel Type: UNLEADED 91 007  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: [Redacted]  
Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 9-22-03 Failure Mileage: 7011 Failure Speed: [Redacted]  
Reported to Dealer unable to check dip stick oil level. Service mgr. states the car does not have oil & I was under warranty

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R16): [Redacted]  
DOT No. (Example: DOTM1A82C038)  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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: [Redacted] Number of Deaths: [Redacted] 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).

WHEN PULLING OUT THE DIP STICK AFTER VEHICLE WAS SITTING FOR A WHILE CONSUMER WAS UNABLE TO READ THE DIP STICK. OIL SPREAD IN VARIOUS PLACES ON THE DIP STICK. DEALER WAS CONTACTED. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

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)

UNABLE TO CHECK DIP STICK FOR ACTUAL OIL LEVEL IN ENGINE.  
RUNNING OUT OF OIL COULD CAUSE ENGINE TO STOP, BURN, FIRE  
AND CAUSE ACCIDENT.

CONSUMER SHOULD BE ABLE TO CHECK THE OIL LEVEL  
IN THEIR CAR

TELECON AND 9-22-03 NOTE.

WHEN REPORTED TO THE DEALER, I WAS TOLD NOT TO  
WORRY ABOUT IT. (THAT'S NOT GOOD ENOUGH FOR ME)  
SEE FURTHER COMMENTS ON REVERSE SIDE OF THIS REPORT.  
THANK YOU.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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 79173 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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TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
ON

**DASH2DOT**

and dial toll free at

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**1-888-327-4236**

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(DASH) & DOT



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