



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: 2004 MAY 11 11:01 AM
MADE-APR-2004

Repository
Reference No. 10066792

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: STATEN ISLAND State: NY Zip Code: [Redacted]

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

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of a signature or address to the vehicle manufacturer. Date: 4/22/04

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2N4BU31D75C173053
Make: NISSAN Model: ALTIMA Model Year: 1995

Date Purchased: Dealer's Name and Telephone Number: NISSAN OF STATEN ISLAND 718-447-3878
Engine: No. of Cylinders: 6
Original Owner: Dealer's City: STATEN ISLAND State: NY Zip Code: 10309

Transmission Type: A Antilock Brakes: Powertrain: Vehicle Component Code: 141000 AIR BAGS:FRONTAL
 Cruise Control Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-DEC-2003 Failure Mileage: Failure Speed:

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): 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).

CONSUMER MADE 3 ATTEMPTS TO MAKE AN APPOINTMENT TO HAVE THE AIR BAG RECALL 03V150000 REPAIRS PERFORMED. HOWEVER, THE PARTS WERE NOT AVAILABLE TO THE DEALERSHIP FOR 3 MONTHS. *AK

Repair performed on 4/12/04. SATISFIED Finally

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.