



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
15-APR-2004
Repository

Reference No.
10087191

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City YONKERS State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address
Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, this report is sent to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
JN1DA31D131 [REDACTED] Make NISSAN Model MAXIMA Model Year 2003
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type: Gas
Original Owner Dealer's City State Zip Code
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 121000 EXTERIOR LIGHTING:HEADLIGHTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-APR-2004 Failure Mileage 27000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P216/66R16)
DOT No. (Example: DOTMALSABC036) 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 Y

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).

THE XENON HEADLIGHTS WERE STOLEN. HEADLIGHTS COULD BE REMOVED IN JUST A MATTER OF MINUTES. CONSUMER NAVIGATED INTO THE NHTSA WEB AND FOUND MANY COMPLAINTS ON THE SAME ISSUE. *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)

Vehicle was parked & headlights were stolen since this incident with me I have heard of 2 other occurrences on the same year vehicle!

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



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigations, NVS-216
400 7th Street, SW
Washington, DC 20590



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COMPLETE THIS FORM
ON

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and dial toll free at

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DOT Auto Safety Hotline
(DASH) 2 DOT



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