



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-7-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received **2005 MAR 22-SEP-2004**

Repository ☐
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OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **RIVERSIDE** State **CA** Zip Code **[REDACTED]**

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name in connection to the vehicle manufacturer.
Signature of Owner **[REDACTED]** Date **1/1**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **JN1HU01F6R1 [REDACTED]** Make **NISSAN** Model **MAXIMA** Model Year **1994**

Date Purchased **[REDACTED]** Dealer's Name and Telephone Number **[REDACTED]** Engine: No. Cylinders **[REDACTED]** Fuel Type: **Gas**
Original Owner ☐ Dealer's City **[REDACTED]** State **[REDACTED]** Zip Code **[REDACTED]**

Transmission Type **AUTOMATIC** ☒ Antilock Brakes ☒ Cruise Control **[REDACTED]** Powertrain **4 WHEEL DRIVE** Vehicle Component Code **200000 WHEELS**
Multiple Failure: **2**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **17-JAN-2003** Failure Mileage **[REDACTED]** Failure Speed **[REDACTED]**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make **[REDACTED]** Tire Model (Name or Number) **[REDACTED]** Tire Size (Example P215/65RT5) **[REDACTED]**
DOT No. (Example: DO1MAL5ABC036) ☐ Original Equipment ☐ Prior Repair **[REDACTED]** 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), condition(s), and injury(s).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured **[REDACTED]** Number of Deaths **[REDACTED]** Reported to Police **[REDACTED]**

Alternative 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.
(a) parts replaced or repaired (and if not part is available).

CONSUMER TOOK THE VEHICLE TO DEALER FOR RECALLS 95V244000 AND 94V194000 REPAIRS CONCERNING WHEELS AND THE FRONT HILLER. CONSUMER WAS CHARGED FOR THE LABOR, AND THE REPAIRS ON THE WHEELS WAS NOT PERFORMED. "AK"

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 would take appropriate action to correct a safety defect. If the NHTSA is unable to take action, your response, or a statistical summary thereof, may be used in support of the agency's action.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**