Form Approved: O.M.B. No. 2127-0008

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	
Date Received	Od_or ___ ___ rt_dt ___ ___ od_rt ___ ___ up_ltr ___ ___
	Reference No. 10115645

OWNER INFORMATION (Type or Print)

Name [redacted]

Street No. [redacted] Apt. No.

City DeRidder State La. Zip Code [redacted]

Daytime 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 or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 2/23/05

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) *(Located at bottom of windshield on driver's side)*	Make	Model	Year
JNKAZ34E83T[redacted]	Nissan/350Z	Touring	03

Purchased Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☑ Gas
1-25-05	Gray Nissan, Ford Mercury		3.5L	
☐ New ☐ Used	Dealer's City DeRidder	State La. Zip Code 70634	No. Cylinders 6	☐ Fuel Injection

Manufacture Date (on driver's door or pilar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
	☐ Manual ☑ Automatic	☑ Driverside Air Bag ☐ Motorbelt ☑ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt	☑ Yes ☐ No	☐ Front ☑ Rear ☐ 4-Wheel	☑ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☑ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

	Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
		☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name
Complete Tire Size	DOT No.

No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☐ No	☐ Yes ☐ No			☐ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

I want to be able to turn off the airbag on the passengerside air Bag. I have a 7 year old granddaughter that leaves with me. I need to be able to turn off the air bag when she is in the car. [redacted]

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882