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 1220	
Date Received: 05-APR-2005	Repository ☐
	Reference No.: 10117536

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City: PIONEER / State: CA / Zip Co[redacted]	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 au[redacted]ide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Location at bottom of windshield on driver's side	Make	Model	Model Year
5N1AA0[redacted]	NISSAN	ARMADA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Nov 03				No. Cylinders: 8	Gas
Original Owner ☒	Dealer's City: Folsom	State: CA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-OCT-2004	3000		

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: DOTMAL9ABC036)	☐ 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 complete or delete the incident(s), Fire(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

~~WHILE DRIVING AND~~ UPON COMING TO A COMPLETE STOP STEERING WHEEL PULSATED AT AN ALARMING RATE. CONSUMER TOOK VEHICLE TO THE DEALER, AND DEALER HAS REPLACED BRAKES, ROTORS, AND PUT A NEW KIT ON THE VEHICLE. *AK

Pads have been replaced, rotor turned twice, new kit put on. Another new kit to fix the problem was supposed to be available in Apr and now won't be available until June. Problem begins to come back after appox 3,000 of fix, When applying brakes they pulsate and steering wheel begins to pulsate too, Vehicle stops but it feels very unsafe and scary because it shakes so much

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY