

 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 (1-888-327-4238) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
	Date Received 08-MAY-2005 ^{2005 JUN 20 AM 5:53}		Repository <input type="checkbox"/> Reference No. 53 10120288	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
NEWTON	MS			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
JN1LGA1B62L		NISSAN	SENTRA	2002
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
01-NOV-03	DIRECT AUTO SALES		No: Cylinders 4	Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
	JACKSON	MS		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code
AUTOMATIC	<input type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE		114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH
				Multiple Failures: 1
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Mileage	Failure Speed		
08-MAY-2005		70		
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: DDTMAL9ABC038)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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				
<i>(Use appropriate in detail the appropriate category, check all that apply)</i>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).				
DT: CONTACT STATES SHE WAS DRIVING ABOUT 70 MPH, THE RADIO WOULD NOT WORK, THE ENTIRE DASH SYSTEM WENT OUT. TURNED THE IGNITION SWITCH, THEN EVERYTHING STARTED WORKING. CONTACT HAS NOT TOOK THE VEHICLE TO A SERVICE DEALER. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.				
The Privacy Act of 1974-Public Law 93-502 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 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.				