



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 100148

Date Received

01-AUG-2005

Repository ☐

Reference No.
10130772

OWNER INFORMATION (Type or Print)

Name

Address

City ROBBINSVILLE

State NJ

Zip Code

Daytime Telephone Number

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 address or address to the vehicle manufacturer.
Signature of Owner Date 8/18/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1N4BA41E340

Make

NISSAN

Model

MAXIMA

Model Year

2004

Date Purchased

1/04

Dealer's Name and Telephone Number

HALDEMAN SERVICE ORGANIZATION 609-586-1900

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

HAMILTON

State

NJ

Zip Code

08690

Transmission Type

AUTOMATIC

☒

Antilock Brakes

☒

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

192000 TIRES:SIDEWALL

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

31-JUL-2005

Failure Mileage

32238

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

GOODYEAR

Tire Model (Name or Number)

EAGLE TIRE

Tire Size (Example P215/65R15)

P24545R18 RS-A

DOT No. (Example: DOTM19ABC036)

☒ Original Equipment

☐ Prior Repair

Failure Location: DRIVER SIDE FRONT

Tire Component Code

192000 TIRES:SIDEWALL

Tire Failure Type CRACK

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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ 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: THE CONSUMER STATES THAT THE TIRES HAD CRACKS ON THE SIDEWALLS. THE TIRES WERE ABOUT A YEAR AND A HALF OLD. THE TIRES T CAME ON THE VEHICLE WHEN THE CAR WAS BOUGHT. A GOODYEAR DEALER CHECKED THE TIRES, AND THE CONSUMER WOULD REPLACE ALL 4 TIRES. THE TIRES WERE GOODYEAR EAGLES RSA. THERE WAS NO PROBLEM. CONSUMER NOTICED THE CRACKS YESTERDAY. THE FACTORY REPRESENTATIVE WILL CHECK THE TIRES. *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 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.