



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

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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BETHESDA State: MD 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 or address to the vehicle manufacturer.

Signature of Owner _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1N4BA41 [REDACTED]
Make: NISSAN Model: MAXIMA Model Year: 2005
Date Purchased: 19-MAR-06 Dealer's Name and Telephone Number: VDB AUTO SALES
Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: ~~1765 OLD GEORGETOWN ROAD~~ ROCKVILLE State: MD Zip Code: 20852
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 021800 SUSPENSION:FRONT:WHEEL BEARING
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-AUG-2005 Failure Mileage: 6500 Failure Speed: ALL SPEEDS 20-80 MPH
REPLACED RIGHT FRONT WHEEL BEARING ASSEMBLY
40210-3Z000 BEARING WHEEL F

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: DOTM123ABC036): _____ 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 describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 CONTACT REPLACED THE RIGHT FRONT WHEEL BEARING ASSEMBLY UNDER WARRANTY. BOTH RIGHT AND LEFT FRONT STRUTS WERE REPLACED AT 8500 MILES. THESE PARTS WERE REPLACED UNDER WARRANTY AS WELL. THERE HAVE BEEN NO PROBLEMS WITH THE SUSPENSION SINCE THE REPLACEMENT OF THESE PARTS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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.