



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

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

OWNER INFORMATION (Type or Print)

Name <u>[REDACTED]</u>			Daytime Telephone Number <u>[REDACTED]</u>	
Street No. <u>[REDACTED]</u>			Evening Telephone Number <u>[REDACTED]</u>	
Apt. No. <u>[REDACTED]</u>			E-mail <u>[REDACTED]</u>	
City <u>SANTA ROSA</u>	State <u>CA</u>	Zip <u>[REDACTED]</u>		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

☒ YES ☐ NO

Signature of Owner [REDACTED] Date 10/24/05

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side <u>1N6AA07687</u>			Make <u>NISSAN</u>	Model <u>TITAN</u>	Year <u>04</u>	Current Mileage <u>13750</u>
Date Purchased <u>AUG 05</u>	Dealer's Name and Telephone Number <u>NISSAN OF SANTA ROSA</u>			Engine:	Fuel Type:	
☐ Original Owner	Dealer's City <u>SANTA ROSA</u>			No. Cylinders <u>8</u>	☐ Diesel ☐ Hybrid ☒ Gas ☐ Other	
Transmission Type ☐ Manual ☒ Automatic	☒ Antilock Brakes ☐ Cruise Control		Powertrain ☐ All-Wheel Drive ☐ Front-Wheel Drive		☐ Rear-Wheel Drive ☒ Four-Wheel Drive	
State <u>CA</u>			Zip Code <u>95004</u>			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name <u>BRAKES</u>	Incident Date(s) <u>MANY LAST 10/22/05</u>	Failure Mileage <u>13,000</u>	Failure Speed <u>VARIOUS</u>	Failure Location ☐ Driver ☐ Passenger ☐ Front ☐ Rear
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)
Failed Structure ☐ Tread ☐ Sidewall ☐ Bead			DOT No. (Example: DOT M4S8C038 on sidewall)
Failure Type: ☐ Blowout ☐ Blister ☐ Crack ☐ Torn ☐ Tread Separation ☐ Road Hazard ☐ Out of Round			☐ Original Equipment ☐ Prior Repair

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name
Seat Type ☐ Infant ☐ Booster ☐ Integrated ☐ Convertible ☐ Other		Installed in Vehicle using the: ☐ Vehicle safety belt ☐ LATCH system* *Vehicle info required
Failed Part. Describe Failure Below ☐ Base ☐ Harness/Buckle ☐ LATCH Connector ☐ Shell ☐ Handle ☐ Other		

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	Police Report No.
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(es).

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 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.

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

THE BRAKE PEDAL GOES TO THE FLOOR WITH A LOUD "WHOOSH"

LIKE AIR ESCAPING FROM A BALLON

HAPPENS OCCASIONALLY WITHOUT WARNING

DEALER HAS TRIED TO FIND PROBLEM ON THREE
OCCASIONS BUT IT STILL HAPPENS

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

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Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



**Think your vehicle
has a safety defect?**



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