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	Repository ☐
28-JUL-2006	Reference No. 10163766

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City [redacted]	State NY	Zip Code [redacted]	Evening Telephone Number 516-937-7550

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 [redacted] Date 8/8/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1N4BA41E[redacted]	NISSAN	MAXIMA	2004

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
29-SEP-03	Westbury Nissan	516-935-1812 516-935-1942	No: Cylinders 6	Gas
Original Owner ☒	Dealer's City: Westbury	State: N.Y.	Zip Code: 11803	

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	192000 TIRES:SIDEWALL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-JUL-2006	32900		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
GOODYEAR	EAGLE TIRE RS-A	245/45R18
DOT No. (Example: DOTMAL9ABC036) M6A9CMWE3203	☒ Original Equipment ☐ Prior Repair	Failure Location: inside wall
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(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 STATED THAT THERE WERE TEARS ON THE INSIDE WALL OF ALL 4 TIRES. THE VEHICLE WAS TAKEN TO A SERVICE DEALER, WHO DETERMINED THAT THE VEHICLE WAS UNSAFE TO DRIVE WITH THE TIRES IN THAT CONDITION, HOWEVER THE DEALER WAS UNABLE TO DETERMINE THE CAUSE OF THE PROBLEM.

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

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

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

FOR AGENCY USE ONLY	
Date Received	**Repository** ☐
Reference No.	

OWNER INFORMATION (Type or Print)

Name [redacted]

Street No. [redacted] Apt. No.

City Plainview State N.Y. Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
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 yo[redacted]

Signature of Owner [redacted] Date 8/18/06

VEHICLE INFORMATION

17 digit Vehicle Identification number located at botton[redacted]: 1N4BA41E04[redacted]

Make: Nissan | Model: Maxima | Year: 2004 | Current Mileage: 32900

Date Purchased (lease): 9-29-03

Dealer's Name and Telephone Number: Westbury Nissan 516-935-1812 516-935-1942

Dealer's City: Westbury State: N.Y. Zip Code:

☒ Original Owner

Engine: No. Cylinders: 6

Fuel Type: ☐ Diesel ☐ Hybrid ☒ Gas ☐ Other

Transmission Type: ☐ Manual ☒ Automatic

☒ Antilock Brakes ☒ Cruise Control

Powertrain: ☐ All-Wheel Drive ☐ Rear-Wheel Drive ☐ Front-Wheel Drive ☐ Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
				☐ Driver ☐ Passenger ☐ Front ☐ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: GOODYEAR | Tire Model/Line: EAGLE RS-A | Tire Name: | Tire Size (Example: P215/65R1105): 245/45R18

Failed Structure: ☐ Tread ☒ Sidewall ☐ Bead

DOT No. (Example: DOT MAL9ABC036 on sidewall): M6A9CMWR3303

☒ Original Equipment ☐ Prior Repair

Failure Type: ☐ Blowout ☐ Blister ☐ Crack ☐ Torn ☐ Tread Separation ☐ Road Hazard ☐ Out of Round

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 Connecter ☐ Shell ☐ Handle ☐ Other

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Police Report No.
☐ Yes ☒ No	☐ Yes ☒ No			

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

Tears on inside wall of all 4 tires + replaced previously one tire with same defect.

Continue on back.

Mail postage free or fax to 202-366-7882

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

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

Dear Consumer:

NVS-216 aaj

As a result of your recent report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the drivers door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

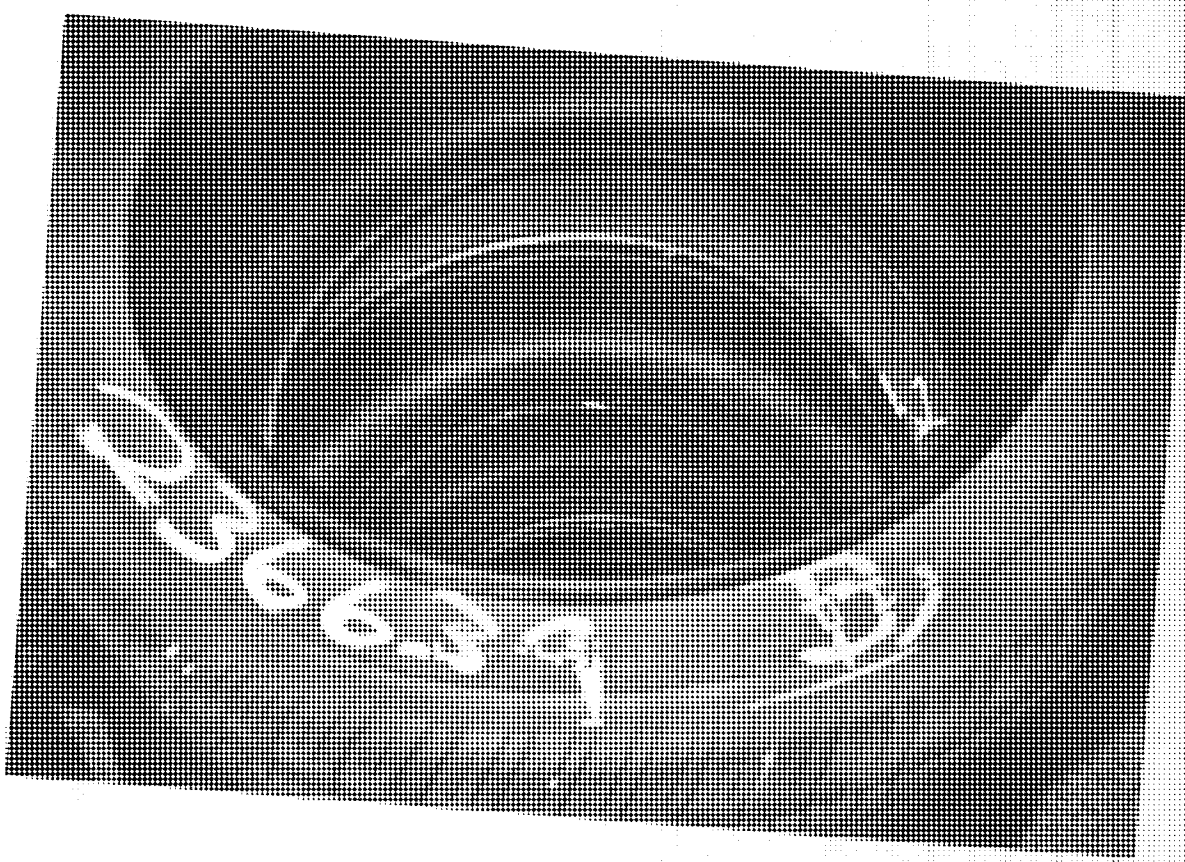
If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

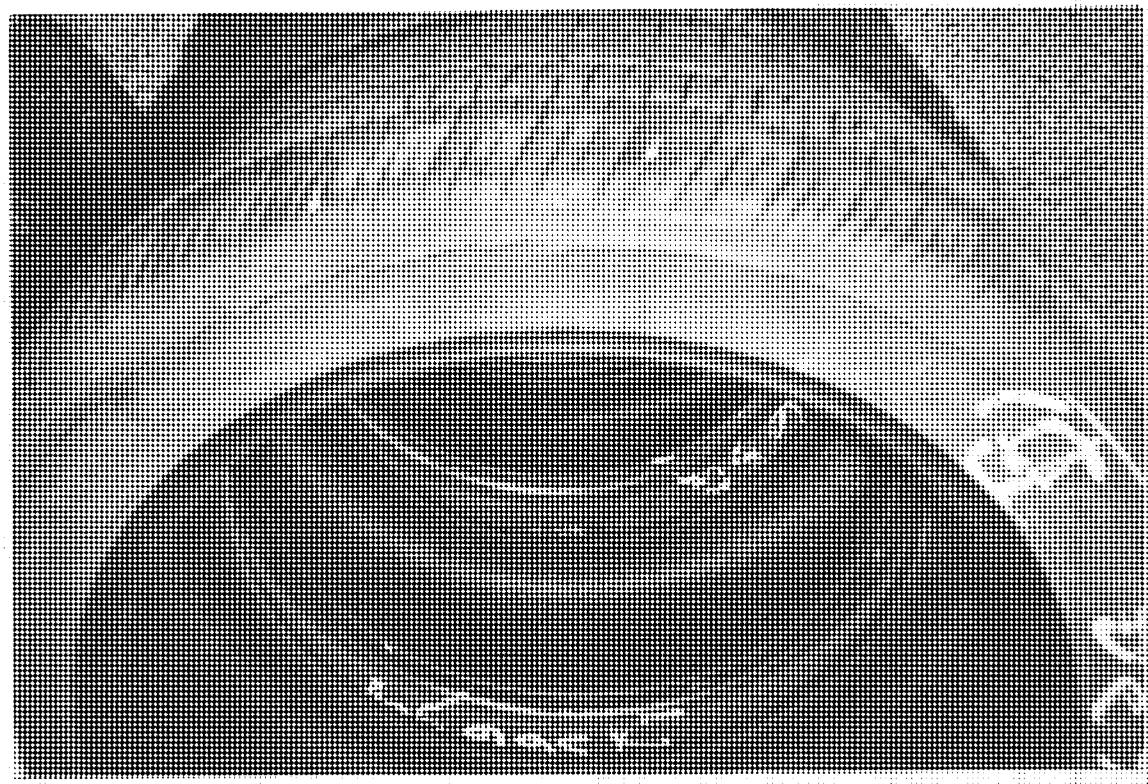
Sincerely,

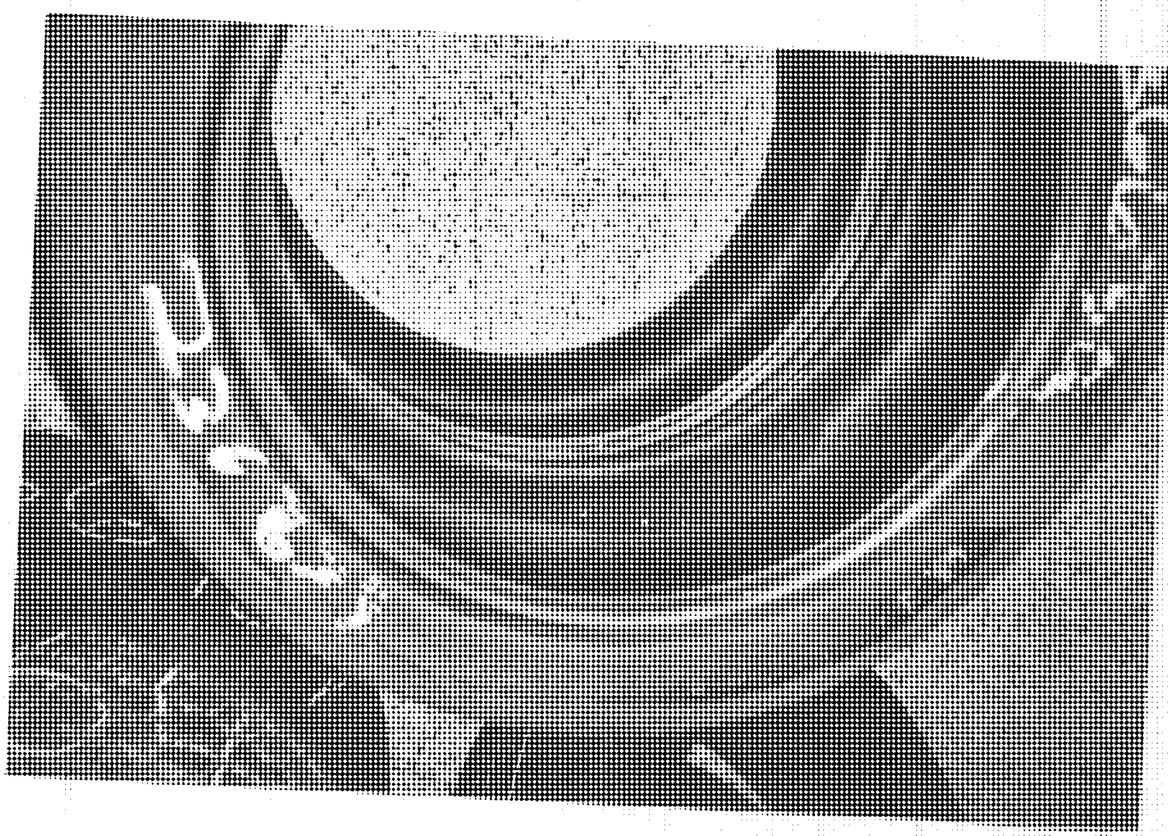
Alberto A. Jimenez, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

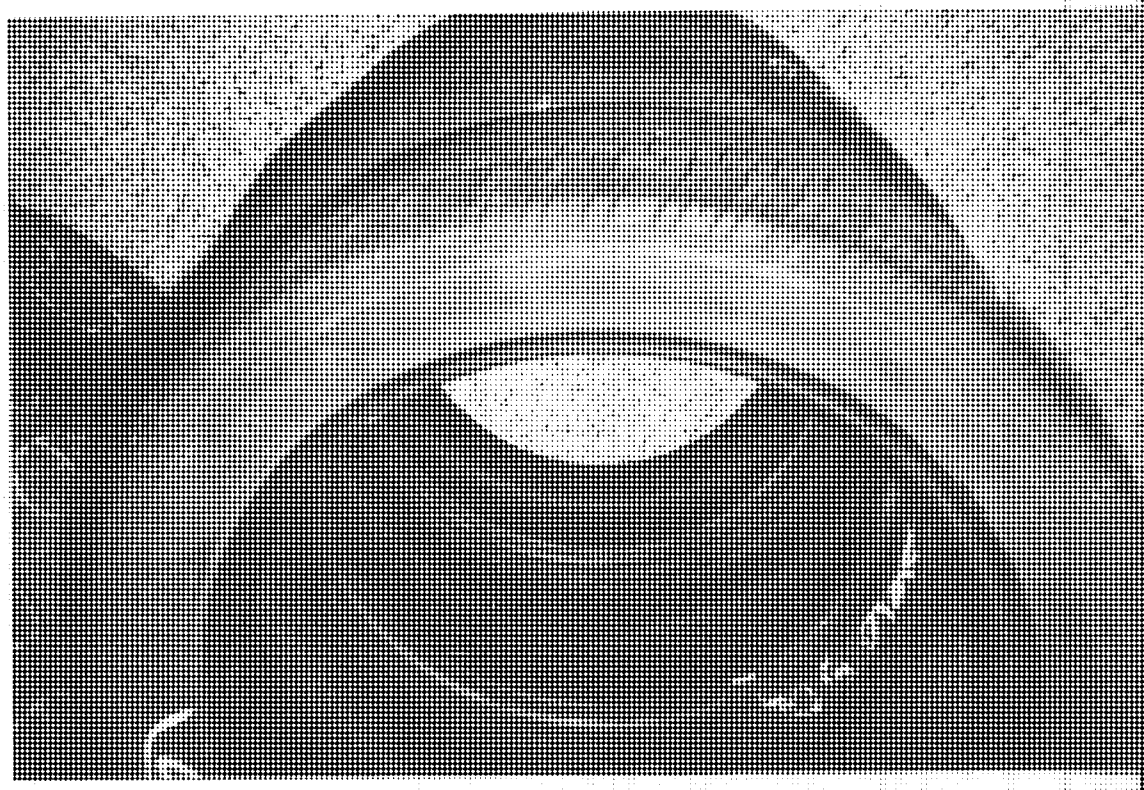
Enclosure: VOQ

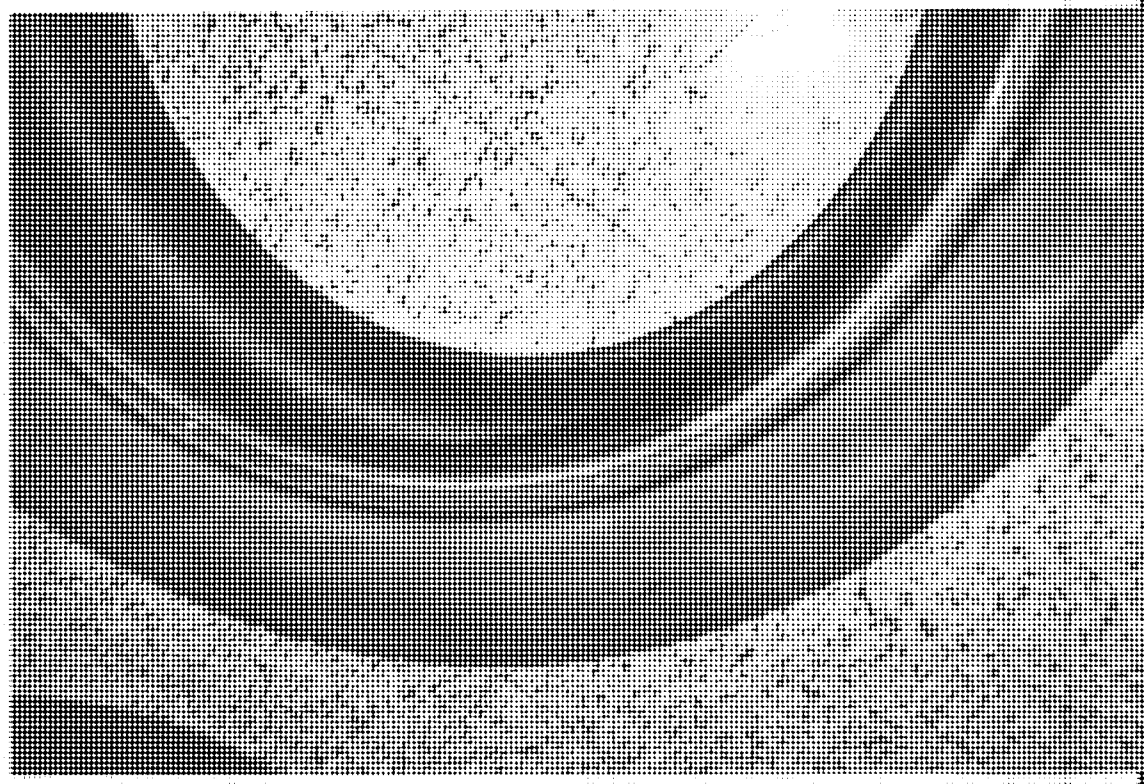


Pebble









Bacon

Ham

SUBWAY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).