EQ-10308901-9216

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

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 ☐
12-FEB-2010	Reference No. 10308901

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City BOWIE	State MD	Zip Code	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1N4BA41E14C	NISSAN	MAXIMA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code	6	premium

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
5 speed	☑ Antilock Brakes ☑ Cruise Control		yes	10-AUG-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	Failure Mileage	Failure Speed
	60000	50

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: DOTMALSABC036)	☐ 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	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).

TL*THE CONTACT OWNS A 2004 NISSAN MAXIMA. THE CONTACT WAS DRIVING APPROXIMATELY BETWEEN 50 AND 60 MPH ON NORMAL ROAD CONDITIONS WHEN THE TRANSMISSION CAUSED THE VEHICLE TO JERK VIOLENTLY DURING THE SHIFTING OF GEARS. THE DRIVER PULLED OVER TO THE SIDE OF THE ROAD, INSPECTED THE VEHICLE AND WAS ABLE TO RESUME OPERATION. THE FAILURE OCCURRED INTERMITTENTLY AND HAS BECOME PROGRESSIVELY WORSE OVER TIME. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER FOR DIAGNOSTIC TESTING WHICH IDENTIFIED THE FAILURE AS THE TRANSMISSION VALVE BODY. THE VEHICLE HAS NOT BEEN REPAIRED AT THIS TIME. THE FAILURE MILEAGE WAS 60,000.

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