INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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 SEP 16 2011
28-JUL-2011

Repository ☐

Reference No. 10415519

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City RICHMOND | State VA | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address [redacted]

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
1N4BA41E05C[redacted]	NISSAN	MAXIMA	2005

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
12.19.07	Pence Nissan 804.378.3000			
Original Owner ☐	Dealer's City midlothian	State VA / Zip Code 23113		

Transmission Type			Multiple Failure:	Incident Date(s)
automatic	☑ Antilock Brakes ☑ Cruise Control	Powertrain	YES	02-FEB-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	Failure Mileage	Failure Speed
		55

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: DOTMAL9ABC036)	☐ 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 2005 NISSAN MAXIMA. THE CONTACT STATED THAT WHILE DRIVING AT HIGHWAYS SPEEDS, THE VEHICLE WOULD JERK AND DECELERATE. IN ADDITION, THE VEHICLE WOULD TAKE A LONGER TIME THAN NORMAL TO ACCELERATE UP TO SPEED. THE CHECK ENGINE LIGHT WOULD ALSO ILLUMINATE ON THE INSTRUMENT PANEL DURING THE FAILURES. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, WHO STATED THAT THE TRANSMISSION NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE, BUT OFFERED NO ASSISTANCE. THE FAILURE MILEAGE WAS UNKNOWN.

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