

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 DEC 5 2011 29-JUL-2011		Repository <input type="checkbox"/> Reference No. 10416228	
OWNER INFORMATION (Type or Print)							
Name		Address		Daytime Telephone Number		E-mail Address	
City		State		Zip Code		Evening Telephone Number	
OLYMPIA FIELDS		IL					
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
JN1DA31D53T				NISSAN		MAXIMA	2003
Date Purchased		Dealer's Name and Telephone Number				Engine:	Fuel Type:
3/2003						No: Cylinders	
Original Owner		Dealer's City		State	Zip Code		
<input checked="" type="checkbox"/>							
Transmission Type		<input type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:	Incident Date(s)
AUTO		<input type="checkbox"/> Cruise Control					08-JUL-2011
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING						Failure Mileage	Failure Speed
						88500	30
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: DOTM9ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2003 NISSAN MAXIMA. THE CONTACT WAS DRIVING 30 MILES PER HOUR AND WHILE MAKING A TURN THE VEHICLE STALLED. THE VEHICLE RESTARTED WHEN THE FIRST FAILURE OCCURRED; HOWEVER, WHEN THE SECOND FAILURE OCCURRED THE VEHICLE WAS TOWED TO THE DEALER. THE DIAGNOSTIC TEST REPORT INDICATED THAT THE CAMSHAFT POSITION FAILED. THE VEHICLE WAS REPAIRED USING THE SAME RECALL REMEDY UNDER NHTSA CAMPAIGN ID NUMBER: 03V455000 (ENGINE AND ENGINE COOLING), DESPITE THE DEALER AND MANUFACTURER STATING THE VIN DOES NOT QUALIFY FOR THE RECALL. THE FAILURE AND CURRENT MILEAGE WAS 88,500.							
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				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.							

ALL PARTS AND SERVICE WORK ARE GUARANTEED FOR 12000 MILES OR 12 MONTHS

140633

JOE PERVAZAS 462 E315 07/12/11 NICS281721
 ADVISOR TAG NO. INVOICE DATE INVOICE NO.
 88,425 MILEAGE 03/08/03 STOCK NO.
 03/NISSAN/MAXIMA/4DR SDN SE AT DELIVERY DATE
 J N 1 D A 3 1 D 5 3 T HAWKINSON 11/04/02
 VEHICLE I.D. NO. SELLING DEALER NO. PRODUCTION DATE
 07/12/11 P.O. DATE
 F.T.E. NO. P.O. NO.

CUSTOMER NO. [REDACTED]
 CHICAGO, IL [REDACTED]
 RESIDENCE PHONE [REDACTED]
 BUSINESS PHONE [REDACTED]

JOB# 1 CHARGES

LABOR # 1 JONIZ33 CAMSHAFT SENSOR TECH(S):91 187.50
 SERVICE ENGINE LIGHT IS ON - CUSTOMER HAD SCANNED AND WAS TOLD IT IS CAMSHAFT POSITION SENSOR BANK 1 QUOTED CUSTOMER CHECK AND ADVISE. TECHNICIAN FOUND CAMSHAFT SENSOR FAILED INTERNALLY, NECESSARY TO REPLACE SENSOR FOUND DTC P0340 CMP SEN/CIRC-B1 TECHNICIAN REPLACED CAMSHAFT POSITION SENSOR AND REASSEMBLED CLEARED ERROR CODE AND RESET COMPUTER, RETESTED OK

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE	
	1		23731-6J90B	SENSOR ASSY MAG	91.98	91.98
					TOTAL - PARTS	91.98
MISC	CODE		DESCRIPTION	CONTROL NO		
	CD10		10% PERF'D CUST DISCOUNT		-18.75	
	CD11		10% PERF'D CUST DISCOUNT		-9.20	
					TOTAL - MISC	-27.95
JOB# 1 TOTALS					LABOR	187.50
					PARTS	91.98
					MISC	-27.95

JOB# 1 JOURNAL PREFIX NICS JOB# 1 TOTAL 251.53

LABOR # 2 55NIZINSP MULTI-POINT EVALUATI TECH(S):91 0.00
 PERFORM COMPLIMENTARY MULTI-POINT EVALUATION. TECHNICIAN PERFORMED COMPLIMENTARY MULTI-POINT EVALUATION AND REPORTED FINDINGS TO SERVICE CONSULTANT. SERVICE CONSULTANT ADVISED CUSTOMER OF TECHNICIAN'S FINDINGS

JOB# 2 TOTALS JOB# 2 JOURNAL PREFIX NICS JOB# 2 TOTAL 0.00

MISC	CODE		DESCRIPTION	CONTROL NO		
JOB # A	RRF		RECORD RETENTION FEE		0.98	
JOB # A	EVM		SHOP SUPPLIES & HAZWASTE DISPOAL		2.31	
					TOTAL - MISC	3.29

COMMENTS TOW IN QUOTED CUSTOMER 285.12 PLUS TOW OR RENTAL

ANY WARRANTIES ON THE VEHICLE SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER, KELLY NISSAN ON 95TH, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND KELLY NISSAN ON 95TH NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS ITEM/ITEMS.

WHERE
SERVICE IS
 AN ATTITUDE,
 NOT JUST A
 DEPARTMENT

SERVICE HOURS:

Mon. - Fri. 7 A.M. - 6 P.M.
 Saturday 7 A.M. - 5 P.M.

PARTS HOURS:

Mon. - Fri. 7 A.M. - 6 P.M.
 Saturday 7 A.M. - 5 P.M.

INTEGRA GRAPHICS • 708-385-0950



TOWING & STORAGE, INC.

3565 W. Columbus Ave. Chicago, IL 60652
(773) 434-9731



DATE 7-11-11 TIME 17:00
26655

MC/STV 142681

PO#																				
Policy #																				

Name [REDACTED] Charge To: _____
 Address [REDACTED]
 City /St /Zip CHICAGO IL
 Phone [REDACTED] DL# _____

Year	Make	Model	Color	Plate #	Odometer	VIN	[REDACTED]													
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Type of Service	Miles To	Miles Towed	Description	Price
ORIGIN: <u>11200</u>	<u>7</u>		Hook-up	<u>185</u>
			Transport @ \$ Per Mile / Hr.	
DESTINATION: <u>47</u>			Winch @ \$ Per Hr.	
			Labor @ \$ Per Hr.	
COMMENTS: <u>[REDACTED]</u>			Wait Time @ \$ Per Hr.	
			Clean up	
			Storage @ \$ Per Day	
			Retow	
			Road Service Type	
<input type="checkbox"/> Cash Amt \$	<input type="checkbox"/> Check Amt \$	Check #	<input type="checkbox"/> M.C. Cov. \$	
<input type="checkbox"/> A/R Amt \$	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> AmEx
DL#			State	FUEL Surcharge
Name				3rd Party Advance Chgs.
Card#				
Expiration	Security Code	Authorization Code		TOTAL <u>185</u>

*I ACKNOWLEDGE THAT MY VEHICLE MAY BE DAMAGED IF WINCHED, TOWED, UNLOCKED OR LEFT ON UNATTENDED PREMISES. I AGREE NOT TO HOLD XL TOWING & STORAGE, INC. RESPONSIBLE FOR SUCH DAMAGE SHOULD IT RESULT.

Authorized Signature X _____ Operator's NAME X _____ Unit # _____
 Authorized Signature X _____ Operator's NAME X _____ Unit # _____