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
FEB - 4 2013	☐
27-NOV-2012	Reference No. 10486197

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		[redacted]	
City: BRONX	State: NY	Zip Code: [redacted]	Evening Telephone Number

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
1N4AL11D65N[redacted]	NISSAN	ALTIMA	2005

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

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☑ Antilock Brakes ☑ Cruise Control			27-JUL-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)	Failure Mileage	Failure Speed
	100000	

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	0	0	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 ALTIMA. THE CONTACT STATED THAT WHILE DRIVING THE ENGINE LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR DIAGNOSIS AND WAS INFORMED THAT THE CRANKSHAFT POSITION SENSOR NEEDED TO BE REPLACED. SHE WAS REFERRED TO A DEALER AND INFORMED OF THE RECALL FOR NHTSA CAMPAIGN ID NUMBER: 07V527000 (ENGINE AND ENGINE COOLING). A FEW WEEKS LATER THE VEHICLE FAILED TO START. THE DEALER WAS NOTIFIED AND INFORMED THE CONTACT HER VIN WAS NOT PART OF THE RECALL. THE FAILURE AND CURRENT MILEAGE WAS 100,000.

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

917 528 7370

4 HR CAR REPAIR CENTER LTD

1331 E. TREMONT AVENUE
BRONX, NY 10460
(718) 792-4200
MV# 7101957

repair order

NAME [redacted]

ADDRESS [redacted]

JOB ORDER NO. 11942 | DATE 1/15/2013

CITY BX | STATE NY | ZIP [redacted] | YEAR, MAKE OF CAR 2005 | LICENSE NO.

CUST. PHONE BUS.: [redacted] HOME: | PAY BY ☐ CASH ☐ CHECK ☐ CREDIT CARD | MILEAGE

WILL BE DUE (Date) | YOUR NEXT MAINTENANCE SERVICE | OR MILEAGE (Whichever first) | STATE INSPECTION DUE | V.I.N. #

PART NO. - DESCRIPTION (PART CODE - New - Used - Rebuilt)	PART PRICE	MECH.	OPER	CAR SERVICE ORDER	LABOR
Roman Ufactured Alternater	275.00			☐ TUNE-UP ☐ LUBRICATION ☐ OIL CHANGE ☐ OIL FILTER ☐ AIR FILTER ☐ DIFFERENTIAL ☐ ROAD SVC	
Install CRANK SENSOR				☐ PCV VALVE ☐ FUEL FILTER ☐ COOLING SYS ☐ AIR CONDIT ☐ TRANSMISS ☐ EXHAUST SYS ☐ STATE INSP	
				☐ NEW BRAKES ☐ WHEEL CYL ☐ WHEEL BEAR ☐ NEW TIRES ☐ ROTATE TIRES ☐ ALIGNMENT	
				90 Days Warranty on Parts + labor	
				Repair Short ON Alternater	
				Paid in full	
TOTAL PARTS (Transfer to Invoice Side)					
B-LET REPAIRS:					
SUB-LET REPAIRS (Transfer to Invoice Side)					

SERVICE RECOMMENDATIONS

ORIGINAL ESTIMATED COST

PARTS	LABOR	TOTAL	TIME	ESTIMATED BY
$	$	$		

The independent dealer named above is authorized by me to perform the needed described services and repairs, including replacement of necessary parts and to operate the vehicle for inspection, testing and/or delivery purposes. The estimated cost is acceptable to the undersigned and it is understood that the final invoiced price will not exceed the estimate without my approval. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of a fire, theft or any cause beyond your control.

☐ Diagnose problems discussed and advise me of work needed ☐ Work may be sub-let where necessary as explained to me
☐ I do not want replaced parts returned to supplier for credit

X BY [redacted] DATE 1/20/13

PARTS	LABOR	TOTAL	ESTIMATED BY
$	$	$	$

Revised estimated/add-on work approved ☐ In person ☐ By phone | IF PHONE APPROVAL SHOW DATE TIME AM PM | WHO MADE THE CALL?

X Christian

ED	MECHANIC NO.	CERTIFICATION above repairs were properly done
SIG.		

FLUIDS

QTS. OIL	@
LBS. GREASE	@
GAL. ANTI-FREEZE	@

GASOLINE ☐ FILL ☐ REGULAR ☐ NO-LEAD ☐ PREMIUM

TOTAL LABOR	375.00
PARTS	275.00
SUB-LET REPAIRS	
FLUIDS	
SUB-TOTAL	650.00
TAX	57.68
Gallons-Liters	-
STATE INSPECTION FEE	
ENVIRONMENTAL IMPACT FEE	
PAY THIS AMOUNT	$ 707.68