

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

06-JUL-2015

Repository ☐

Reference No.
10732302

OWNER INFORMATION (Type or Print)

Name

Address

City

CLEVELAND HEIGHTS

State

OH

Zip Code

Daytime Telephone Number

E-mail Address

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

1N4AL11DX5C

Make

NISSAN

Model

ALTIMA

Model Year

2005

Date Purchased

1/28/04

Dealer's Name and Telephone Number

Ganley Nissan, Inc. 888-453-2163

Engine:

No: Cylinders

4

Fuel Type:

GAS

Original Owner

☒

Dealer's City

Mayfield Hts, OH

State

Zip Code

44124

Transmission Type

AUTO

☐ Antilock Brakes

☒ Cruise Control

Powertrain

2WD

Multiple Failure:

Incident Date(s)

06-JUL-2015

FAILED COMPONENT(S)/ PART(S) INFORMATION

Vehicle Component Codes: 020000 SUSPENSION, ENGINE (PWS), 010000 STEERING

Failure Mileage

72000

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

COOPER

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

FRONT SUB-FRAME SEVERELY RUSTED OUT, WHICH SUPPORTS ENGINE AND CONTROL ARMS, MUST BE REPLACED. SAFETY IS COMPROMISED.

Repair shop indicated rust caused by A/C Condensation drain repeatedly dripping on frame. Design issue.

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 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.

From: [EVOQ \(NHTSA\)](#)
To: [Abbew, Margaret CTR \(NHTSA\)](#)
Subject: FW: FW: FW: NHTSA: Follow up to ODI Complaint: ---10732302-----
Date: Monday, October 05, 2015 3:37:35 PM
Attachments: [ATT00002.gif](#)
[IMG_20150811_081028_551.jpg](#)
[IMG_20150811_081037_417.jpg](#)
[repair_invoice.jpg](#)
[title.jpg](#)
[USDOT_Questionnaire.jpg](#)

From: [REDACTED]
Sent: Saturday, October 03, 2015 9:37 PM
To: DataQuality, DataQuality (NHTSA)
Cc: EVOQ (NHTSA); Carol Statham
Subject: Fwd: FW: FW: NHTSA: Follow up to ODI Complaint: ---10732302-----

Please find more info attached. Thank you for your kind consideration. Best regards,
[REDACTED]

----- Forwarded Message -----

Subject: FW: FW: NHTSA: Follow up to ODI Complaint: ---10732302-----
Date: Thu, 10 Sep 2015 17:47:10 +0000
From: EVOQ@dot.gov
To: [REDACTED]

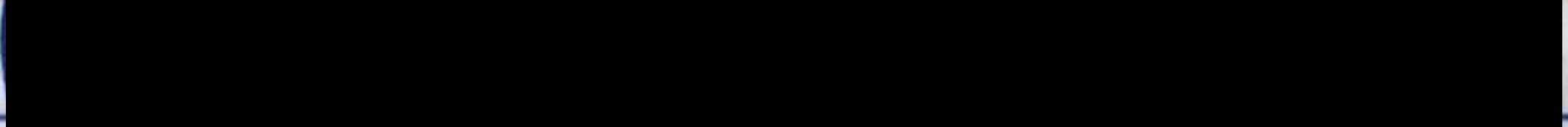
Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to dataquality@dot.gov or fax to [\(202\) 366-1767](tel:(202)366-1767). Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.
NHTSA/Office of Defects Investigation

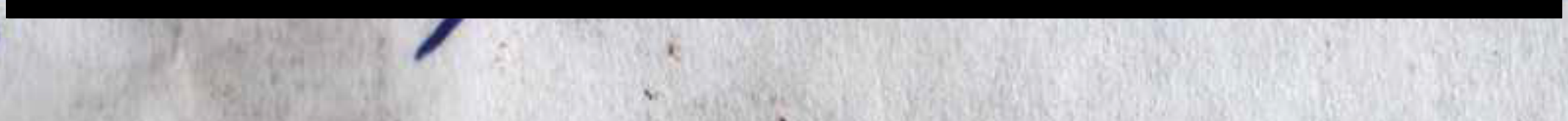




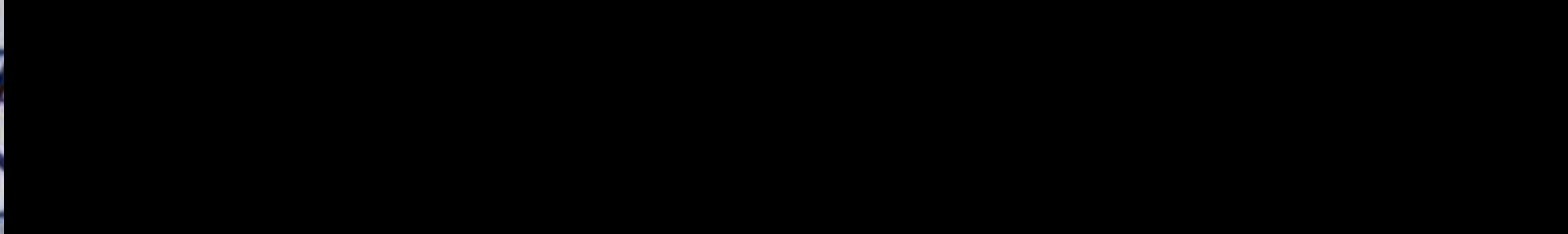


CALL
To North
an's Marathon
294 Lee Rd
Heights, OH 44118
6.321.9737

Name 

Address 

City  State  Zip 

☒  ☐ Will Pick Up
☐ Deliver

YOUR NEXT MAINTENANCE SERVICE

DUE DATE WILL BE  OR MILEAGE (WHICHEVER IS FIRST) 

SERVICE ORDER		NO. M	
DATE SERVICED 7-14-15	ORDER PREPARED BY (34)		
YEAR MAKE MODEL	LICENSE NO. NCSA		
TIME: ☐ AM ☐ PM	MILEAGE		
WILL PAY BY ☐ CASH ☐ CREDIT CARD		CHECK NO. ☐	

Form MOC - 3

WORK ORD DONE		QTY	PART NO. - DESCRIPTION PART CODE - N = New - U = Used - R = Rebuilt	UNIT PRICE	EST. AMOUNT	ACTUAL AMOUNT	WORK ORD DONE		CAR CARE SERVICE/LABOR	ESTIMATE OF LABOR	ACTUAL LABOR AMT.	
			OIL FILTER						☐ LUBE ☐ LUBE-OIL FILTER ☐ WHEEL BRG. REPACK			
			AIR FILTER ☐ Clean ☐ Replace						☐ TIRES: ☐ Rotate ☐ Balance			
			GAS FILTER						☐ BRAKES: ☐ Repair ☐ Adjust ☐ Fluid			
									☐ Machine drums/rotors			
			2005, 2.5L						☐ AIR COND: ☐ Charge ☐ Repair			
			1N4AL11DX5C [REDACTED]						☐ ALIGN FRONT END			
			Southern Front		425.00				☐ ENGINE TUNE-UP			
			[Solid]						Front Sub Frame R+L R+L Links & Control Arms mount	260.00		
									CK SUB Frame	80.00		
									TRUCK			
TOTAL PARTS (Transfer To Invoice Side) 1							TOTAL CAR CARE SERVICE/LABOR					
WORK ORD DONE		QTY	PRODUCTS				WORK ORD DONE		SUBLET OR OUTSIDE REPAIR			
			MOTOR OIL:						☐ HAZARDOUS WASTE REMOVAL			
			Will need Extra work						☐ SHOP SUPPLIES			
			Bolts frozen in conversion						Torque shop Bolts	40.00		
TOTAL PRODUCTS (Transfer To Invoice Side) 2							TOTAL SUBLET REPAIRS					
							TOTALS OF ALL ESTIMATES					

CUSTOMER INVOICE

OHIO REQUIREMENT	
You have a right to an estimate if the cost of repairs or services will be more than \$25.00. Initial your choice.	
_____	Written Estimate
_____	Oral Estimate
_____	No Estimate
Date of Estimate _____ Est. Completion Date _____	
REPAIRS PERFORMED BY	_____ 1 _____ 2 Signatures of Mechanics

AUTHORIZED ADDITIONAL REPAIRS

_____ has authorized
(NAME)

\$_____ in additional repairs over and
above the original estimate.

Date Called: _____

Time Called: _____

Called By: _____

I hereby authorize the repair work to be done along with the
necessary material, and hereby grant you and/or your employees
permission to operate the vehicle herein described on streets,
highways, or elsewhere for the purpose of testing and/or inspection.
An express mechanic's lien is hereby acknowledged on above
vehicle to secure the amount of repairs thereto.

**YOU ARE ENTITLED TO A COPY OF THIS ORDER AT THE TIME
OF YOUR SIGNATURE.**

X _____

CUSTOMER AUTHORIZATION

SOCIAL SECURITY NO.: _____

SAFETY CHECKED

☐ TIRES	☐ FRONT END
☐ BRAKES	☐ FAN BELTS
☐ BATTERY	☐ LIGHTS
☐ EXHAUST	☐ L.O.F.
☐ SHOCKS	☐ Other _____

**WE ARE NOT RESPONSIBLE FOR LOSS OR
DAMAGE TO VEHICLES OR ARTICLES LEFT
IN VEHICLE IN CASE OF FIRE, THEFT OR
ANY OTHER CAUSE BEYOND OUR CONTROL**

1	⇒	TOTAL LABOR	380.00
2	⇒	TOTAL PARTS	725.00
		TOTAL PRODUCTS	805.00
SUBTOTAL			640.00
TAX			
Gasoline: Fill Up ☐ MM Reg. ☐ MM LF ☐ SM LF ☐ Diesel Fuel ☐			
TOTAL AMOUNT			869.00
THANK YOU...			

OHIO CERTIFICATE OF TITLE

ISSUING CNTY CUYAHOGA
RESIDENT CNTY CUYAHOGA

STATE OF OHIO

No. [REDACTED]

ORIGINAL

ISSUE DATE
10/28/2004

IDENTIFICATION NUMBER
1N4AL11DX5C [REDACTED]

COMMENTS

PURCHASE PRICE
\$19,247.00

YEAR
2005

MAKE
NISS

MAKE DESCRIPTION
NISSAN

BODY TYPE
4D

MODEL
ASL

MODEL DESCRIPTION
ALTIMA 2.5 S

MILEAGE
11

EVIDENCE
OH MCO - IN STATE

CONVERSION

TAX
\$1,539.76

MLG BRAND ACTUAL

BRAND(S)

OWNER

CLEVELAND HEIGHTS, OH [REDACTED]

PREVIOUS OWNER
GANLEY NISSAN INC

16005 CHAGRIN BLVD
SHAKER HTS, OH 44120-0000

PLATE # [REDACTED]

LICENSE EXPIR [REDACTED]

TRANSFER ISSUED

TRUCK WT. [REDACTED]

☒ Registrar of Motor Vehicles

ND001844

LIEN DISCHARGE

Lienholder

by:

Authorized signature

date

CLERK OF COURTS LIEN CANCELLATION

by:

Deputy Clerk

date

LIEN DISCHARGE

Lienholder

by:

Authorized signature

date

CLERK OF COURTS LIEN CANCELLATION

by:

Deputy Clerk

date

WIT

SEAL THIS 28th DAY OF OCTOBER, 2004
(SEAL)



* % 0

% 071887063

GERALD E. FUERST
CLERK OF COURTS

WILTRON
LEON

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.