

NOV 28 2001

NO. 310 P. 2 300. 277-4426

P. 02

US Department  
of TransportationNational Highway  
Traffic Safety  
Administration

COPIED

## DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

1-888-DASH-3-007

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

 Odor \_\_\_\_\_  
 A\_d \_\_\_\_\_  
 od\_n \_\_\_\_\_  
 up\_n \_\_\_\_\_

Reference No.

OFFICE  
INVESTIGATION

563820

 Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO  
 In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 11/2/01

## PRODUCT INFORMATION

|                                                                       |                                                                               |                                                                                                                                                   |                                                                     |                                                                                                          |                                                                                                                                                                                                                   |                                                                                                                                              |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Identification No. (VIN)<br>(17 Digits)                       |                                                                               | (Located at bottom of windshield on driver's side)                                                                                                |                                                                     | Make                                                                                                     | Model                                                                                                                                                                                                             | Year                                                                                                                                         |
| 1NKL A31A21T015547                                                    |                                                                               |                                                                                                                                                   |                                                                     | Infiniti                                                                                                 | I30                                                                                                                                                                                                               | 2001                                                                                                                                         |
| Purchased Date                                                        | Dealer's Name                                                                 |                                                                                                                                                   | Engine Size (CID/CCA)                                               | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Fuel Injection   |                                                                                                                                                                                                                   |                                                                                                                                              |
| 2/23/01                                                               | Pinnacle Infiniti/Nissan                                                      |                                                                                                                                                   | 3.1                                                                 |                                                                                                          |                                                                                                                                                                                                                   |                                                                                                                                              |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's City                                                                 | State                                                                                                                                             | Zip Code                                                            | No. Cylinders                                                                                            |                                                                                                                                                                                                                   |                                                                                                                                              |
| Scottsdale                                                            | AZ                                                                            | 85260                                                                                                                                             | 6                                                                   |                                                                                                          |                                                                                                                                                                                                                   |                                                                                                                                              |
| Manufacture Date<br>(on owner's door or plate)                        | Transmission Type                                                             | Restraint System                                                                                                                                  | Cruise Control                                                      | Drivetrain                                                                                               | Vehicle Type                                                                                                                                                                                                      | Body Style                                                                                                                                   |
| 9/00                                                                  | <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Passenger's Side Air Bag <input type="checkbox"/> 3-Point Belt | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | <input type="checkbox"/> 2-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                                         |                                                                                                                                      |                                                                                   |                                                                     |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Part Name(s)                            | Location                                                                                                                             | Failed Part(s)                                                                    | Handicap Adaptive Equip                                             |
| Rear Suspension Transmission, Driveline | <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

|                 |                             |                                                          |
|-----------------|-----------------------------|----------------------------------------------------------|
| Tire Brand      | Tire Name                   | Complete Tire Size                                       |
|                 |                             |                                                          |
| No. of Failures | Date(s) of Failure(s)       | Failed Part(s) Available?                                |
|                 | Mileage at Failure(s)       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                 | Vehicle Speed at Failure(s) | NHTSA Previously Contacted?                              |
|                 |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

|                                                                     |                                                                     |                           |                      |                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------------------|
| Crash                                                               | Fatality                                                            | Number of Persons Injured | Number of Fatalities | Reported to Manufacturer                                 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7842

Use the attached Vehicle Owner's Questionnaire (VOQ) to report a motor vehicle safety problem to the



To:

**National Highway Traffic Safety Administration**  
**OFFICE OF DEFECTS INVESTIGATION**  
400 7th Street, SW NSA-11  
Washington, DC 20590  
FAX #: (202) 366-7882

|                  |                        |                      |
|------------------|------------------------|----------------------|
| FAX Transmission | No. of Pages: <u>3</u> | Date: <u>11/2/01</u> |
|------------------|------------------------|----------------------|

|                                                                                    |  |                                      |
|------------------------------------------------------------------------------------|--|--------------------------------------|
|  |  | <sup>TD</sup><br>From: Kelly Schuler |
|                                                                                    |  | Safety Defect Analyst                |
|                                                                                    |  | Telephone: 202-366-5227              |

Dear Mr. Geiger:

Attached is a copy of our Vehicle Owner's Questionnaire. You can fax it back to us when you've filled it out at 202-366-7882. Please call if you have questions or need assistance.

Kelly Schuler  
Defect and Recall Information Analysis Division