

COPIED

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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Ord nr _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

JAN 25 2002

564021

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

Signature of Owner _____

Date 11.4.2001

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) <u>1N4HAB42D0WC520895</u>		Make <u>Nissan</u>	Model <u>200SX</u>	Year <u>1998</u>
Purchased Date <u>9-24-98</u>	Dealer's Name <u>Bill Cook</u>		Engine Size (CID/CC/L) No. Cylinders	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>Farmington Hills</u>	State <u>MI</u>	Zip Code <u>48335</u>	
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restrain System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2 Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
			Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>2</u>	Number of Fatalities <u>2</u>	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):
car would not start on 10/18/2001
SE flooded, PER Tamarah, Southfield, MI
charged for tune up + oil change + towing
warranty not applied.

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 202-366-7882