



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

# Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

### FOR AGENCY USE ONLY 1039

Date Received

07-JAN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8001663

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

|                                                                                                           |              |               |              |                          |
|-----------------------------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Locate at bottom of<br/>windshield or driver's side<br/>door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| JNRD07Y51W112472                                                                                          | INFINITI     | QX4           | 2001         |                          |

|                                                                       |                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name                                               | Engine Size<br>(CID/CC/L)                                                                                                                                                                                    | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                                    |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____                       | No Cylinders _____                                                                                                                                                                                           |                                                                                                                                                                                                                                                 |
| Transmission Type                                                     | Antilock Brakes                                             | Restraint System                                                                                                                                                                                             | Cruise Control                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                     |
|                                                                       |                                                             |                                                                                                                                                                                                              | Drive Train                                                                                                                                                                                                                                     |
|                                                                       |                                                             |                                                                                                                                                                                                              | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                             |
|                                                                       |                                                             |                                                                                                                                                                                                              | Vehicle Type                                                                                                                                                                                                                                    |
|                                                                       |                                                             |                                                                                                                                                                                                              | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                       |                                                             |                                                                                                                                                                                                              | Body Style                                                                                                                                                                                                                                      |
|                                                                       |                                                             |                                                                                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                   |

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

|                       |                                                                                           |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>06410000 | Part Name(s)<br>FUEL: THROTTLE LINKAGES AND CONTROL: PEDAL                                | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) 19-OCT-2001<br>Mileage at Failure(s) 8<br>Vehicle Speed at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA<br>Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No             |

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

|                                                                              |                                                                  |                           |                      |                           |                                                                                |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|---------------------------|--------------------------------------------------------------------------------|
| Crash<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|---------------------------|--------------------------------------------------------------------------------|

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE BACKING OUT OF DRIVEWAY AND WHEN APPLYING ACCELERATOR TO GO FORWARD PEDAL WENT TO FLOOR AND STUCK, CAUSING CONSUMER TO LOSE CONTROL OF VEHICLE. CONTACTED DEALER, AND AN INVESTIGATOR WAS SENT OUT AND STATED NOTHING WAS WRONG.\*AK

COPIES OF THIS FORM ARE:

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.