



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 1220

Date Received

13-MAR-2002

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

Reference No.

8005617

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) <small>(Location at bottom of windshield and driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
UNKNOWN	NISSAN	MAXIMA	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input 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

Component 01400000	Part Name(s) STEERING:GEAR:RACK AND PINION	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
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) 44000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AT 50 THOUSAND MILES RACK AND PINION STEERING FAILED AND NEEDED TO BE REPLACED. THIS SHOULD NOT BE HAPPENING. PLEASE PROVIDE ANY FURTHER INFORMATION, AND VEHICLE IDENTIFICATION NUMBER.*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.

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AT 50 THOUSAND MILES RACK AND PINION STEERING FAILED AND NEEDED TO BE REPLACED THIS SHOULD NOT BE HAPPENING. PLEASE PROVIDE ANY FURTHER INFORMATION, AND VEHICLE IDENTIFICATION NUMBER, MAK

At least 50,000 miles down steering is failing. I have approximately 45,000 on the car. I need to know what type of rack would cover this error.

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

Crash	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fire	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of Persons Injured	0
Number of Fatalities	0
Estimated Property Damage	0
Reported to Police	<input type="checkbox"/> Yes <input checked="" 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)

No of Failures	1
Date(s) of Failure(s)	3/10/02
Mileage at Failure(s)	44000
Vehicle Speed at Failure(s)	
Failed Part(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Previously Reported	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Component	01400000
Part Name(s)	STEERING:GEAR,RACK AND PINION
Location	<input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Left
Failed Part(s)	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual
Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt
Motorbelt	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt
Passenger Side Airbag	<input checked="" type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> No
Crash Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Type	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
Body Style	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
Engine Size (CID/CC/L)	No Cylinders 6
Engine Type	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo
Dealers Name	Middle Mile
State	NE
Zip Code	028510
Purchase Date	4/00
Used	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used

Vehicle Make	NISSAN
Vehicle Model	MAXIMA
Vehicle Year	1997
Current Odometer Reading	UNKNOWN

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located below of windshield on driver's side)

Signature of Owner

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO

DATE: 3/13/02

Home Number	[Redacted]
Work Number	[Redacted]
Reference No.	8005617
Date Received	13-MAR-2002
DEFECTS INVESTIGATION	
FOR AGENCY USE ONLY	1220

OWNER INFORMATION (Type or Print)

DOT Auto Safety Hotline

U.S. Department of Transportation

National Highway Traffic Safety Administration

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)