



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 436

Date Received

14-MAY-2002

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

8009818

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOT AVAILABLE	NISSAN	MAXIMA	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08210000 08310000	Part Name(s) ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
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No of Failure	Dates of Failure(s) 16-APR-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

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

Crash ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PE-02-034; VEHICLE WAS DRIVEN 30 MINUTES BEFORE TURNED OFF AND PARKED. CONSUMER WAS NOTIFIED THAT VEHICLE WAS ON FIRE. SMOKE CAME FROM BENEATH THE HOOD, AND FLAMES BLAZED WHEN HOOD WAS OPENED. VEHICLE WAS NOT TOTALED. DEALER REPLACED ALTERNATOR DUE TO IT GOING BAD. PLEASE PROVIDE MORE INFORMATION.*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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) 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		FOR AGENCY USE ONLY 436 Date Received <u>14-MAY-2002</u> OFFICE OF DEFECTS INVESTIGATION Reference No. <u>8009818</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) <u>753971</u> ENID OK			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized signature, your name and address to the vehicle manufacturer. Signature of Owner Date <u>10/26/02</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side) <u>JN1CA2101VA50004</u> NOT AVAILABLE	Vehicle Make <u>NISSAN</u>	Vehicle Model <u>MAXIMA</u>	Vehicle Year <u>1997</u>
Purchase Date <u>11/00</u> ☐ New ☒ Used		Dealer's Name <u>Autoworld</u> City <u>Enid</u> State <u>OK</u> Zip Code <u>73701</u>	Engine Size (CID/CC/L) <u>3</u> No. Cylinders <u>6</u> ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No Drive Train ☒ Front ☐ Rear ☐ 4-Wheel Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utility Truck ☐ Motorcycle Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>08210000</u> <u>08310000</u>	Part Name(s) <u>ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR</u> <u>ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD</u>	Location ☐ Left ☐ Right ☒ Front ☒ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>16-APR-2002</u> Mileage at Failure(s) <u>96,000</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ Yes ☒ 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 ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>
Estimated Property Damage _____		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
PE-02-034; VEHICLE WAS DRIVEN 30 MINUTES BEFORE TURNED OFF AND PARKED. CONSUMER WAS NOTIFIED THAT VEHICLE WAS ON FIRE. SMOKE CAME FROM BENEATH THE HOOD, AND FLAMES BLAZED WHEN HOOD WAS OPENED. VEHICLE WAS NOT TOTALED. DEALER REPLACED ALTERNATOR DUE TO IT GOING BAD. PLEASE PROVIDE MORE INFORMATION.*AK			
CONTINUE ON BACK IF NEEDED			
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