

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 252</p>			
<p>Date Received</p> <p>27-DEC-2000</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>		<p>Reference No.</p> <p>877059</p>			
<p><b>OWNER INFORMATION (Type or Print)</b></p>				<p>Work Number _____</p> <p>Home Number _____</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date ____/____/____</p>							
<p><b>VEHICLE INFORMATION</b></p>							
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p>1N4GE2GB21B4LC713</p>		<p>Vehicle Mak</p> <p>NISSAN</p>	<p>Vehicle Mode</p> <p>SENTRA</p>	<p>Vehicle Year</p> <p>1990</p>	<p>Current Odometer Reading</p>		
<p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Siz (CID/CC/L _____</p> <p>No Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>			
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><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</p>		<p>Cruise Contro</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Trai</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
<p>Component</p> <p>02100000</p>	<p>Part Name(s)</p> <p>SUSPENSION:INDEPENDENT FRONT</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No of Failures</p> <p>0</p>	<p>Date(s) of Failure(s) 08-OCT-2000</p> <p>Mileage at Failure(s) _____</p> <p>Vehicle Speed at Failure(s) _____ 0 _____</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</p>							
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damag</p>	<p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>							
<p>CONSUMER WAS TRAVELING ABOUT 75MPH ON HIGHWAY AND HEARD A BANGING NOISE. VEHICLE ROLLED AND SPRUNG FORWARD. *AK</p>							
<p>CONTINUE ON BACK IF NEEDED</p>							
<p>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.</p>							



U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4236  
 NATIONWIDE 1-888-DASH-2-DOT

**Vehicle Owners Questionnaire (VOQ)**

OWNER INFORMATION (Type or Print)  
 6633300  
 Home No. [Redacted]  
 Work Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 YES  NO  
 Signature of Owner [Redacted] Date 1/29/03

Vehicle Information (VIN) (located at bottom of windshield on driver's side)  
 1NAGE2GB21B4LC713  
 NISSAN  
 SENTRA  
 Vehicle Year 1990  
 Current Odometer Reading 93,000

Purchase Date [Redacted]  
 Dealer's Name [Redacted]  
 City [Redacted] State [Redacted] Zip Code [Redacted]  
 Engine Size (CID/CCL) [Redacted]  
 Turbo  Diesel  Gas  Fuel Injection

Transmission Type  Manual  Automatic  
 Antilock Brakes  Yes  No  
 Restraint System  3-Point Belt  2-Point Belt  Motorized  
 Driver's Side Airbag  Passenger Side Airbag   
 Cruise Control  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Van  Minivan  Other  
 Sport Utility  Truck  Motorcycle  Other  
 Body Style:  2-Door  4-Door  Station Wagon  Pick Up Truck  Other

Failed Component(s)/Part(s) Information  
 Component 02100000  
 Part Name(s) SUSPENSION-INDEPENDENT FRONT  
 Location  Front  Rear  Other  
 Original  Replacement  
 Failed Part(s) [Redacted]

No of Failures 0  
 Date(s) of Failure(s) 08-OCT-2000  
 Mileage at Failure(s) [Redacted]  
 Vehicle Speed at Failure(s) [Redacted]  
 Failed Part(s) Available?  Yes  No  
 NHTSA Previously Contacted?  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 2  
 Number of Fatalities 0  
 Estimated Property Damage \$4,000  
 Reported to Police  Yes  No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  
 CONSUMER WAS TRAVELING ABOUT 75MPH ON HIGHWAY AND HEARD A BANGING NOISE  
 TIRE CAREER NOTED BY WILLIAM HAGERTY  
 AUTOMOTIVE TIRE EXPERT

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.

CONTINUE ON BACK IF NEEDED

FOR AGENCY USE ONLY 252

Date Received: 01 FEB - 5 11 03  
 27-DEC-2000  
 REFERENCE NO. 877059  
 Work Number [Redacted]  
 Home No. [Redacted]

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T C I A F H H M L R 4 5 S

MANUFACTURER/TIRE NAME

Goodyear Kelly Springfield

SIZE

7.5/174R13

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

★ U.S. G.P.O.: 1982 - 625-877 / 0226

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

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



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**BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

