Form Approved: OMB No. 2127-0057

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 758 | |
|---|---|
| Date Received: 27-SEP-2001 | Od_or ____ ____<br>rt_dt ____ ____<br>od_rt ____ ____<br>np_ltr ____ ____ |
| | Reference No.: 896976 |

[redacted]

*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.) (Location of VIN on vehicle) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| JNRAR07Y4XW066788 | INFINITI | QX4 | 1999 | |

| Purchase Dat | | | |
|---|---|---|---|
| ☒ New ☐ Used | Dealer's Name_____<br>City_____ State_____ Zip Code_____ | Engine Size (CID/CC/L ____<br>No Cylinders _____ | ☐ Turbo<br>☐ Diesel<br>☐ Gas<br>☐ Fuel Injectio |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual<br>☒ Automatic | ☒ Yes<br>☐ No | ☐ 3-Point Belt ☐ Motorbelt<br>☐ Driverside Airbag ☐ 2-Point Bel<br>☐ Passengerside Airbag | ☒ Yes<br>☐ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car ☐ Sport Ult<br>☐ Van ☐ Truck<br>☐ Minivan ☐ Motorcycle<br>☐ Other_____ | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☐ Other_____ |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 02000000<br>01400000<br>02700000 | SUSPENSION<br>STEERING:GEAR:RACK AND PINION<br>TIRES | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failure | Date(s) of Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | 15-SEP-1999<br>36000<br>Mileage at Failure(s)_____ | ☐ Yes ☐ No | ☐ 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 | Fire | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | | ☐ Yes ☒ No |

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

STEERING WHEEL SHOOK. VEHICLE HAS BEEN AT DEALER'S 9 TIMES FOR THIS PROBLEM. COULD NOT SOLVE PROBLEM. DEALER HAS DONE WHEEL ALIGNMENT/ REPLACED TIRES AND RACK AND PINION. BUT, THIS DID NOT IMPROVE CONDITION. FACTORY REPRESENTATIVE STATED ONCE RACK AND PINION WAS REPLACED MOST CONSUMERS WERE SATISFIED.*AK

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Form Approved O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received: 27-SEP-2001

Odr_dt
rt_dt
od_rt
up_dt

Reference No. 856976

[redacted] 717718

Work Num [redacted]
Home Num [redacted]

Do you authorize NHTSA to release your name to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a[redacted]our name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 10/10/01

## VEHICLE INFORMATION

| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| JNRAR07Y4XW066788 | INFINITI | QX4 | 1999 | 36,432 |

Purchase Date
☒ New ☐ Used

Dealer's Name Infinity of Syracuse
City Syracuse State N.Y. Zip Code 1

Engine Size (CID/CC/L ____
No Cylinders ____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type: ☐ Manual ☒ Automatic

Antilock Brakes: ☒ Yes ☐ No

Restraint System: ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag

Cruise Contro: ☒ Yes ☐ No

Drive Tra: ☐ Front ☐ Rear ☒ 4-Wheel

Vehicle Type: ☐ Car ☒ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ____

Body Style: ☐ 2-Door ☒ 4-Door ☒ Stationwagon ☐ Pick Up ☐ Truck

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 02000000<br>01400000<br>02700000 | SUSPENSION<br>STEERING:GEAR:RACK AND PINION<br>TIRES | ☐ Left ☐ Right ☐ Front ☐ Rear | ☒ Original ☐ Replacemen |

No of Failures

Date(s) of Failure(s) 15-SEP-1999
Mileage at Failure(s) 36000
Vehicle Speed at Failure(s) ____

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 | Fire | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | | ☐ Yes ☒ No |

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

STEERING WHEEL SHOOK. VEHICLE HAS BEEN AT DEALER'S 9 TIMES FOR THIS PROBLEM, COULD NOT SOLVE PROBLEM. DEALER HAS DONE WHEEL ALIGNMENT, REPLACED TIRES AND RACK AND PINION. BUT, THIS DID NOT IMPROVE CONDITION. FACTORY REPRESENTATIVE STATED ONCE RACK AND PINION WAS REPLACED MOST CONSUMERS WERE SATISFIED.*AK

CONTINUE ON BACK IF NEEDED