



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** §20

Date Received

03-DEC-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

899774

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 and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
JNKNG01C2NM208244	INFINITI	Q45	1992			
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 checked="" 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 15600000	Part Name(s) EQUIPMENT:ELECTRIC EQUIPMENT:RADIO:TAPE DECK ETC.	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 1	Dates of Failure(s) _____ 01-JUN-1998 Mileage at Failure(s) _____ 70000 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	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)

CONSUMER REPLACED REAR SPEAKERS OF SOUND SYSTEM WITH AFTER MARKET PRODUCTS IN JUNE OF 1998 DUE TO A FIRE. RECEIVED NOTIFICATION THAT VEHICLE WAS AFFECTED BY RECALL 98V284000 CONCERNING REAR SPEAKER FIRE. MANUFACTURER WAS REFUSING SERVICE OR COMPENSATION BECAUSE PRODUCT WAS REPLACED WITH AFTER MARKET PARTS EVEN THOUGH HE HAD THE ORIGINAL COMPONENTS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. \*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.

 <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 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 920</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 728570</p>	<p>Date Received: 03-DEC-2001</p> <p>Reference No.: 899774</p>	<p>Od_or</p> <p>rt_dt</p> <p>od_rt</p> <p>up_ltr</p>

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

In the absence of an [Redacted] provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 12-14-01


VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) JNKNG01C2NM208244	Vehicle Make INFINITI	Vehicle Model Q45	Vehicle Year 1992	Current Odometer Reading 137,000		
Purchase Date 12-29-96	Dealer's Name Scott Infiniti		Engine Size (CID/CC/L) 4.5	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injector		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: Lighthouse Point State: FL Zip Code: 33064		No. Cylinders 8			
Transmission Type <input type="checkbox"/> Manual <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UT <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"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 15600000	Part Name(s) EQUIPMENT:ELECTRIC EQUIPMENT:RADIO:TAPE DECK ETC.	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) 01-JUN-1998	Mileage at Failure(s) 70200	Vehicle Speed at Failure(s)
		Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage \$	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

CONSUMER REPLACED REAR SPEAKERS OF SOUND SYSTEM WITH AFTER MARKET PRODUCTS IN JUNE OF 1998 DUE TO A FIRE. RECEIVED NOTIFICATION THAT VEHICLE WAS AFFECTED BY RECALL 98V284000 CONCERNING REAR SPEAKER FIRE. MANUFACTURER WAS REFUSING SERVICE OR COMPENSATION BECAUSE PRODUCT WAS REPLACED WITH AFTER MARKET PARTS EVEN THOUGH HE HAD THE ORIGINAL COMPONENTS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. \*AK

 DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 920			
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 09-DEC-2001 RECEIVED	Od_or _____ rt_dt _____ od_rt _____ up_itr _____		
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 728570		Reference No. 899774			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner [Redacted]		Date 12/14/01			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) JNKNG01C2NM208244	Vehicle Make INFINITI	Vehicle Model Q45	Vehicle Year 1992		
Current Odometer Reading 137,000	Purchase Date 12-29-96	Dealer's Name Scott Infiniti	Engine Size (CID/CC/L) 4.5		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Lighthouse Point	State FL	Zip Code 33064		
No. of Cylinders 8	<input type="checkbox"/> Turbo Diesel Gas Fuel Injecto	Transmission Type <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Turbo Diesel Gas Fuel Injecto		
<input checked="" type="checkbox"/> Antilock Brakes Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Motorbelt		
<input checked="" type="checkbox"/> Driverside Airbag	<input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Cruise Control Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Front Drive Trai	<input type="checkbox"/> Rear		
<input checked="" type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car Vehicle Type	<input type="checkbox"/> Sport Utility Truck	<input type="checkbox"/> Motorcycle		
<input type="checkbox"/> Other	<input type="checkbox"/> 2-Door Body Style	<input checked="" type="checkbox"/> 4-Door	<input type="checkbox"/> Stationwagon		
<input type="checkbox"/> Pick Up	<input type="checkbox"/> Truck				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 15600000	Part Name(s) EQUIPMENT:ELECTRIC EQUIPMENT:RADIO:TAPE DECK ETC.	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures 1	Date(s) of Failure(s) 01-JUN-1998	Mileage at Failure(s) 70200	Vehicle Speed at Failure(s)		
<input checked="" type="checkbox"/> Failed Part(s) Yes	<input type="checkbox"/> No	<input type="checkbox"/> NHTSA Previously 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)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Estimated Property Damage \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
CONSUMER REPLACED REAR SPEAKERS OF SOUND SYSTEM WITH AFTER MARKET PRODUCTS IN JUNE OF 1998 DUE TO A FIRE. RECEIVED NOTIFICATION THAT VEHICLE WAS AFFECTED BY RECALL 98V284000 CONCERNING REAR SPEAKER FIRE. MANUFACTURER WAS REFUSING SERVICE OR COMPENSATION BECAUSE PRODUCT WAS REPLACED WITH AFTER MARKET PARTS EVEN THOUGH HE HAD THE ORIGINAL COMPONENTS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK					
CONTINUE ON BACK IF NEEDED					
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