



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 4-3-00	Order _____
Reference No.	Initial _____
	od-rt _____
	uplu _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) JN1CA2102ST022254		VEHICLE MAKE NISSAN	VEHICLE MODEL MAXIMA	MANUFACTURE DATE	MODEL YEAR 1995	
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input checked="" type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE 9-13-94	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME GROSSMAN NISSAN	CITY OLD SAYBROOK	STATE CT	ZIP CODE 06475	
ENGINE SIZE (CID/CCA) VC, CYLINDERS 6	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input checked="" type="radio"/> Front <input type="radio"/> Rear	VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input checked="" type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System - Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other: REAR O2 SENSOR W/MISSING SYSTEM	NO. OF FAILURES 2 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 11-3-97 3-3-00	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 42,800 - (11-97) 69,582 - (3-00)	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE <input type="radio"/> Yes <input checked="" type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No	

APPLICABLE 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="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Wear/Poor Fit/Loose <input type="radio"/> Cut/Trim <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Error/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Loose/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		

PLEASE DO NOT WRITE IN THIS AREA

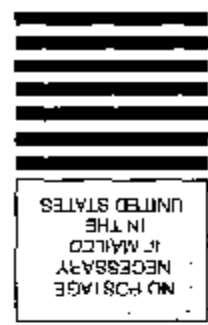


00516

Narrative description of incident(s), failure(s), crashes(s), location(s), and injury(ies). Include additional accidents if applicable.

YOU 2 1997 - 42,800 MILEAGE
REPLACED REAR O2 SENSOR AT
COST OF \$180.89. ONE YEAR LATER
NISSAN EXTENDED THE WARRANTY ON
THIS PART TO 60,000 MILES &
REIMBURSED COST.
MARCH 2 2000 - SAME REAR O2
SENSOR FAILED AFTER 27,052
MILES OF WEAR. NISSAN HAS
REFUSED REIMBURSEMENT BECAUSE
CAR HAS TOTAL MILEAGE WRE 60,000
MILES AND ONLY GUARANTEES
REPLACEMENT PARTS FOR 120,000 MILES
THIS PART IS OBVIOUSLY DEFECTIVE
SINCE THE WARRANTY WAS
EXTENDED ON THE ORIGINAL PART
TO 60,000. NISSAN REFUSES TO
ADMIT IT REPLACED AN ORIGINAL
DEFECTIVE PART WITH A
DEFECTIVE REPLACEMENT PART AND
WILL NOT REIMBURSE THE COST
(\$ 238.50) ON THE FAILED REAR
REPLACEMENT PART. IT WOULD BE
THEY UNLIKELY THAT THE SAME
PART WOULD FAIL TWICE IF IT WAS
REPLACED WITH A QUALITY PART.
Continue on back page if necessary.

Describe any additional incidents, (include date and mileage)
The Privacy Act of 1974 (Public Law 93-502) The information is requested
subject to authority vested in the National Highway Traffic Safety Act and subsequent
regulations. You are under no obligation to respond to this questionnaire. Your
responses may be used to assess 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
related summary thereof, may be used in support of the agency's action.
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HS Form 350 (Rev. 8/99)



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 78178 WASHINGTON, D.C.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

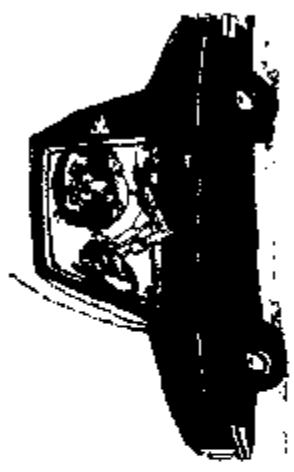
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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