



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>

FOR AGENCY USE ONLY

Date Received: 2/6/02
City: _____
State: _____
Address: _____
Telephone No.: _____
Zip: _____

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

| | | | | | | |
|--|---|--|--|--|--|---|
| VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) | | VEHICLE MAKE | VEHICLE MODEL | MANUFACTURE DATE | MODEL YEAR | |
| JMIHU05S2EX051910 | | NISSAN | MAXIMA | | 1984 | |
| VEHICLE MANUFACTURER | | | | | | |
| <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input checked="" type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW | | | | | | |
| PURCHASE DATE: <u>6/00 used</u> | | DEALER'S NAME - original CITY: <u>LUNNERS NISSAN Bloomfield</u> | | STATE: <u>NJ</u> | ZIP CODE: _____ | |
| ENGINE SIZE: <u>2.4L</u> | FUEL SYSTEM: <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injector | FUEL TYPE: <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas | TRANSMISSION TYPE: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | ANTILOCK BRAKES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RESTRAINT SYSTEM: <input type="checkbox"/> Drivers side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 3-Point Belt | CRUISE CONTROL: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| DRIVETRAIN: <input type="checkbox"/> Front <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear | VEHICLE TYPE: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Other <u>STATION WAGON</u> <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle | | DOORS: <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door | BODY STYLE: <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Station wagon | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|--|---|--|--------------------|
| COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Fuel System Exhaust <input checked="" type="checkbox"/> Heater Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other | NO. OF FAILURES <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). | |
| | INCIDENT DATE <u>8/01</u> | TIRE NAME | COMPLETE TIRE SIZE |
| | MILEAGE AT INCIDENT <u>95,000</u> | TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other | |
| | VEHICLE SPEED AT INCIDENT _____ | FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | |
| HANDICAPPED ADAPTIVE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | FAILED PART(S) AVAILABLE?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA PREVIOUSLY CONTACTED?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>called 11/29/01</u> | |

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="checkbox"/> Yes <input checked="" type="checkbox"/> No | NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 | CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Lubrication <input type="checkbox"/> Disconnect/hall OP <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input checked="" type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken | RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration |
| | FIRE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NUMBER OF FATALITIES <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 | | |

PLEASE DO NOT WRITE IN THIS AREA



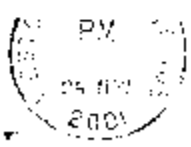
05674

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

This car has been owned by family members since new. I have owned it since June 2000. When the odor of gasoline developed years ago previous owner - Mrs. Lillian G. Sullivan of Kentonford, NY and then Anthony NY - never received a recall notice from Nissan and was never able to obtain a specific diagnosis. However my mechanic identified the problem as leaky fuel injectors, caused by faulty O-ring seals. Nissan recalled the '85 Model made Jan 7/84 and newer for this problem. However the 1986 model was not included in this recall. I am concerned about the safety of this car because of the gasoline leakage over the top of the hood engine. If the same problem was the responsibility of Nissan on other cars, so too should any car's problem be covered. I do

Continue on additional page if necessary. Describe any additional incidents. (include date and mileage)
The Privacy Act of 1974—Public Law 93-502 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 solicitation. Your response may be used to assess the NHTSA in determining whether a reminder should issue, enforcement action is warranted, or a safety defect exists. The NHTSA processes, with appropriate enforcement or litigation against a manufacturer. Your response, in a statistical summary format, may be used in support of the agency's action.
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NHTSA Form 302 (Rev. 8/98)

NO POSTAGE
NECESSARY
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IN THE
UNITED STATES



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
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Office of Business
Penalty for Private Use \$300



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



VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

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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www.nhtsa.dot.gov/hotline