

 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET:www.nhtsa.dot.gov/hotline</b>		FOR AGENCY USE ONLY 252		
		Date Received 06-APR-2005		Repository <input type="checkbox"/> Reference No. 10117572		
<b>OWNER INFORMATION (Type or Print)</b>						
Name .....			Daytime Telephone Number .....		E-mail Address .....	
Address .....			Evening Telephone Number .....			
City DOUGLAS		State GA	Zip Code .....			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____						
<b>VEHICLE INFORMATION</b>						
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make NISSAN	Model ALTIMA	Model Year 2005	
Date Purchased		Dealer's Name and Telephone Number			Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>		Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain FRONT WHEEL DRIVE		Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK		
	<input checked="" type="checkbox"/> Cruise Control			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
Incident Date(s) 06-APR-2005		Failure Mileage	Failure Speed 35			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>						
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code				Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>						
Make:		Date Manufactured:		Model No./Name:		
Seat Type:		Installation System:				
Child Seat Component Code:			Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)						
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y		
Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).						
DRIVER APPLIED THE BRAKES AND THE PEDAL WENT TO THE FLOOR, AND STEERING COLUMN LOCKED UP. DRIVER WAS UNABLE TO MAINTAIN CONTROL OF THE VEHICLE AND CRASHED INTO ANOTHER VEHICLE. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. NO INJURIES TO REPORT. DRIVER TOOK THE VEHICLE TO THE DEALER. *AK						
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>						
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 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.						