



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
**To Report Vehicle Safety Defects**  
**1-888-DASH-2-DOT**  
**(1-888-327-4236)**  
**INTERNET:www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 1058

Date Received  
01-OCT-2001  
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**OWNER INFORMATION (Type or Print)**

Name .....  
Address .....  
City EAST ORANGE State NJ Zip Code .....  
Daytime Telephone Number ..... E-mail Address .....  
Evening Telephone Number .....

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
Make INFINITI Model 130 Model Year 9999  
Date Purchased Dealer's Name and Telephone Number Engine: Fuel Type:  
No: Cylinders  
Original Owner  Dealer's City State Zip Code  
Transmission Type  Antilock Brakes Powertrain  
 Cruise Control Vehicle Component Code  
012200 STEERING:COLUMN LOCKING:ANTI-THEFT DEVICE  
Multiple Failure: 1

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

Incident Date(s) Failure Mileage Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)  
DOT No. (Example: DOTM19ABC036)  Original Equipment Failure Location:  
 Prior Repair  
Tire Component Code Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: Date Manufactured: Model No./Name:  
Seat Type: Installation System:  
Child Seat Component Code: Failed Part:

**APPLICABLE INCIDENT INFORMATION**

*(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)*

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured Number of Deaths Reported to Police  
N

**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).**

THE ANTI-THEFT SYSTEM DID NOT PREVENT THE CONSUMERS VEHICLE FROM BEING STOLEN, IF SOMEONE BREAKS THE WINDOWS AND ENTERS THE CAR WITHOUT OPENING THE DOOR THE ALARM DOES NOT ACTIVATE. NLM NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.