



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 252

Date Received

06-APR-2005

Repository Reference No.
10117572**OWNER INFORMATION (Type or Print)**

Name

Address

City DOUGLAS

State GA

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

NISSAN

Model

ALTIMA

Model Year

2005

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
06-APR-2005

Failure Mileage

Failure Speed

35

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
 Prior Repair

Failure Location:

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

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.

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.