



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  
03-SEP-2004  
Repository   
Reference No.  
10090402

**OWNER INFORMATION (Type or Print)**

Name .....  
Address .....  
City LOVES PARK State IL 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 MAXIMA Model Year 1989  
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 REAR WHEEL DRIVE  
Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION  
Multiple Failure: 2

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

Incident Date(s) 03-SEP-2004  
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: DOTM9ABC036)  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 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).

CONSUMER COULD MOVE THE SHIFTER ON ITS OWN OUT OF PARK WITHOUT APPLYING FORCE. ALSO, STEERING COLUMN FAILED TO LOCK. CONSUMER WILL CONTACT THE DEALER FOR AN APPOINTMENT. \*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.