U.S. Department of Transportation National Highway

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT

FOR AGENCY USE ONLY 117							
Date Received	Repository						

Traffic Safety Administration	(1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline				29-DEC-1998		Reference No. 832763		
	OWNER INFOR	MATION (Type	or Print)						
Name					-	Daytime	Telephone Number	E-mail Address	
Address						-		······	***************************************
City LAS VEGAS		State	State NV Zip Code				Evening Telephone Number		
Do you authorize NH In the absence of an Signature of Owner	TSA to provide a authorization, N	a copy of this repo HTSA WILL NOT	ort to the ma provide you	anufactur Ir name o	er of you r addres	s to th	ne vehicle	YES X	l no
Signature of Owner			VEUTOLE	7350014		Date			
17 digit Vehicle Identifica	ition Number Locate	ed at bottom of wind	VEHICLE					Madal	M L I I
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JNKBY31D6VM					Make INFINITI			Model Q45	Model Year 1997
Date Purchased	Date Purchased Dealer's Name and Telephone Number							Engine:	Fuel Type:
Original Owner	Dealer's City	/		Sta	ate	Zip C	No: Cylinders Code		
Transmission Type									
	La cruise control		012200 STEERING:COLUMN LOCKING:ANTI-THEFT DEVICE Multiple Failure:						
		FATIF	D 6014D01						
Incident Date(s) F 10-DEC-1998	ailure Mileage	Failure Speed	D COMPON	ENT(S)/P	AKI(S)	INTO	KMATIC	ON .	
	ADDIT	IONAL ITEMS T	O BE COMPL	LETED WI	HEN REF	ORTI	NG A TI	RE FAILURE	
Tire Make DOT No. (Example: DO	TMALOA BCO26)		(Name or Nur				Tire	e Size (Example P21	5/65R15)
Tire Component Code	TMALSABCU30)	☐ Origina	al Equipment epair	Fa	ailure Loc	ation:			
Tire Failure Type									
	ADDITION	AL ITEMS TO BE	COMPLETE	D WHEN	REPORT	TING /	A CHILD	SEAT FAILURE	
Make:			Date Manufa				Model No.	./Name:	
Seat Type: Installation System:									
crina Seat Component	code:	Failed Part:	LICABLE IN	CIDENT I	NFORM	ATION	v -		
Crash Fi	re	(Please describe i	in detail the inc	ident(s), Fa	ilure(s), C	rash(es			
Yes X No		Number of Persons Injured Number		Numbe	mber of Deaths R			Reported to Police N	
Narrative Description Please describe (1) ev i.e, parts repaired or r	ents leading up	to the failure. (2)	failure and it	ts conseq	uences,	and (3) what w	as done to correct t	he failure;
RECEIVED RECALL NO MANUFACTURER WA	OTICE #98V2150	00 IN THE MAIL. N	OTIFIED DE	ALER. WA	S INFOR	MED I	NO PARTS	AVAILABLE FOR TH	HEFT PREVENTION.
TENOTACTORER WA	S CALLED, WAS I	NFORMED PARTS	WILL BE AVA	ATLABLE E	AKLY NE	XT YE	AR. *AK		
Include, if available: F	Police/Fire Depart	ment Report, Pho	tos, and Rep	oair Invoic	е.		AT	TACH 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.