



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 100145

Date Received: 2003 JUN 18 9:43 AM
Repository:
Reference No.: 10022462

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: VESTAL State: NY Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: SAME

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: [REDACTED] Date: 6/14/03

VEHICLE INFORMATION

Vehicle Identification Number: JH1CAZ1D6VT804481
Make: NISSAN Model: MAXIMA Model Year: 1997
Date Purchased: 9/29/2000 Dealer's Name and Telephone Number: SERAFINI NISSAN (607) 722-3511
Original Owner: Dealer's City: VESTAL State: NY Zip Code: 13850
Engine: No. Cylinders: 6 Fuel Type: GAS
Transmission Type: AUTO Antilock Brakes Powertrain: FWD Cruise Control
Vehicle Component Code: 131000 VISIBILITY: WINDSHIELD
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-JUN-2002 Failure Mileage: 24000-25000 Failure Speed: 55 mph Failed Part: WINDSHIELD

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED]
DOT No. (Example: DOTM4LSABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No.: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and if

Crash: Yes No Fire: Yes No Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] Repo: [REDACTED]

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 VEHICLE WAS INVOLVED IN A COLLISION AND THE WINDSHIELD SHATTERED INTO SHARP PIECES INSTEAD OF ROUND PEBBLES. *JB SHARP SHARDS FLEW EVERYWHERE IN PASSENGER COMPARTMENT AND ARE STILL COMING OUT OF AIR DUCTS FROM TIME TO TIME - 1 YR. AFTER ACCIDENT + REPAIR. WINDSHIELD WAS STRUCK BY A MAILBOX MOUNTED ON A 4X4 POST DURING A 1 CAR ACCIDENT. I WENT OFF THE ROAD WHILE AVOIDING A CAR THAT RAN ACROSS THE HIGHWAY.

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) does not apply to this information if it is collected pursuant to authority vested in the National Highway Traffic Safety Administration and its subsequent assignments. You are under no obligation to respond to this questionnaire. Your responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

WHY DID A GLASS REPAIR COMPANY CALL ME ABOUT THIS ONLY DAYS AFTER I FILED THE COMPLAINT. BEFORE I RECEIVED THIS COPY?

[REDACTED]

6/15/03