



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 100147

Date Received

Repository

03-2-57-10:39

Reference No.

10060268

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BLOOMINGTON State: IN Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]

Email Address: [REDACTED]

Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 12/19/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [REDACTED]
Make: NISSAN Model: PATHFINDER Model Year: 98
Date Purchased: 2/2003 Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: Antilock Brakes Powertrain: [REDACTED] Vehicle Component Code: [REDACTED]
 Cruise Control Multiple Failure: [REDACTED]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-DEC-2003 Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P216/66R16): [REDACTED]
DOT No. (Example: DOTM123ABC038) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: GRACO Date Manufactured: 13-JUN-2003 Model No./Name: SNUGRIDE
Seat Type: INFANT Installation System: [REDACTED]
Child Seat Component Code: 530001 Failed Part: CHILD SEAT HANDLE (INFANT)

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).

WITHOUT WARNING CHILD SAFETY SEAT HANDLE BROKE OFF WHEN THE CONSUMER WAS PULLING THE SEAT OUT OF THE VEHICLE. *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 to 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.