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

2004 SEP 28 AM 11:39

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FOR AGENCY USE ONLY 1307

Date Received	Repository ☐
20-AUG-2004	Reference No. 10089388

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City CARMEL	State CA	Zip Cod	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an your name or address to the vehicle manufacturer.
Signature of Owner Date 8/31/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5N1BV28U04N	NISSAN	QUEST	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: V6	Fuel Type:
9/01/03	CARDENALE NISSAN 831-393-0700			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City SEASIDE	State CA	Zip Code 93955		

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	4 sp Auto	142000 AIR BAGS:SIDE/WINDOW Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-AUG-2004	28,000	0	Airbag Sensor for the Passenger Seat

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: DOTMAL9ABC096)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHENEVER AN OCCUPANT THAT WEIGHED OVER 120 POUNDS WAS SEATED IN THE FRONT PASSENGER'S SIDE SEAT AIR BAG WARNING LIGHT CAME ON, WHICH RENDERED THE AIR BAG INOPERATIVE. THIS ONLY STARTED OCCURRING AFTER THE DEALERSHIP PERFORMED AIRBAG SENSOR RECALL 04V103000 REPAIRS. *AK

I would like to get older sensor back! Was working fine until Manufacturer replaced w/ new sensor.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY