



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 100148

Date Received

2005 AUG 12 PM 7:
25-JUL-2005

Repository ☐

Reference No.
10129935

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LAUREL State MD Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail 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 authorization, [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 7/30/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 5N1BV23U14N [REDACTED] Make NISSAN Model QUEST Model Year 2004

Date Purchased
05-APR-04

Dealer's Name and Telephone Number
ROSENTHAL NISSAN 301-670-3900
New Victory Nissan

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner
☒

Dealer's City
GAITHERSBURG

State MD Zip Code 20879

Transmission Type ☒ Antilock Brakes Powertrain
AUTOMATIC ☒ Cruise Control FRONT WHEEL DRIVE

Vehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-APR-2004 Failure Mileage 100 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: DOTM19ABC036)

☐ 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 Number of Deaths 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).

DT: THE CONSUMER NOTICED WHEN THE DOORS WERE SHUT, THE LIGHTS ILLUMINATED AS IF THE DOOR WERE OPEN. THE VEHICLE WAS TAKEN TO THE DEALER, AND THEY REPORTED IT WAS FIXED. THE PROBLEM RETURNED WHEN CONSUMER DROVE THE VEHICLE HOME THAT DAY. THERE WAS A PROBLEM WITH THE HATCHBACK DOOR LOCK. WHEN CLOSING THE DOOR, THE CONSUMER HAS TO BANG IT HARD TO GET IT CLOSED. THE SLIDING DOOR WAS HAVING PROBLEMS AS WELL, IT MUST BE SLAMMED IN ORDER TO CLOSE IT. THE DEALERSHIP HAS ATTEMPTED TO FIX THE PROBLEMS WITH THE DOORS. THE TIRE PROBLEMS BEGAN ABOUT 2 WEEKS AFTER THE PURCHASE OF THE VEHICLE. TIRE LIGHTS ARE COMING ON, INDICATING THAT THE TIRES ARE LOOSING AIR. OWNER ADVISES THAT ONE TIME THE TIRE LIGHT WOULD COME ON ABOUT EVERY BLOCK. THE VEHICLE WAS TAKEN TO THE DEALERSHIP AFTER THIS. THE TIRE HAD A NAIL IN IT. THERE IS ALSO PROBLEMS WITH THE TRANSMISSION. WHEN SHIFTING FROM PARK TO DRIVE, IT IS VERY DIFFICULT TO SHIFT. OWNER RECEIVED A RECALL LETTER ABOUT THIS LAST YEAR AND IN JANUARY OF 2005. THE RECALL NUMBER IS NOT AVAILABLE. THE DEALERSHIP STATES THAT THIS RECALL IS CLOSED. THE DEALERSHIP WON'T LOOK ANY FURTHER INTO THE TRANSMISSION. THERE IS A PROBLEM WITH THE FRONT PASSENGER SEAT, YOU COULD SEE THE METAL IN THE SEAT. THE RADIO HAS BEEN REPLACED THREE TIMES. IT IS NOW NEEDING TO BE REPLACED AGAIN. THE CAR HAS A BAD SMELL, LIKE ROTTEN EGGS. THE SMELL IS COMING FROM ENGINE. DEALERSHIP REPORTS IT IS COMING

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The driver seat keeps moving forward when I brake. It is loose. The brakes make noise randomly when I break. The drivers seat belt hook is malfunctioning.

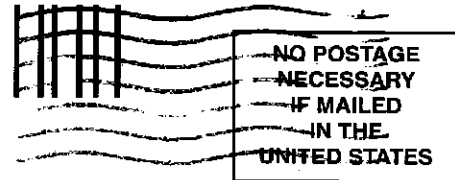
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**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

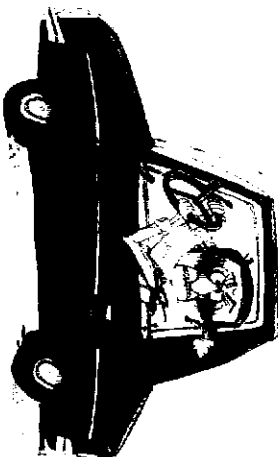
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