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	Repository ☐
2006 OCT 30 PM 2:15 30-MAY-2006	Reference No. 10158587

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City FRANKFORT	State NY	Zip Code [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 au[redacted]s to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/4/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JN8AZ08W[redacted] JW4	NISSAN	MURANO	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-~~JAN~~-04	CARBONE NISSAN			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City NEW HARTFORD	State NY	Zip Code 13413		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-~~MAY~~-2006 14 Sept 2004	7000	45	

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: DOTMAL9ABC036)	☐ 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	2		Y

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 CONTACT STATED WHILE DRIVING 40 TO 45 MPH ON A GRAVEL ROAD DOWN A STEEP DECLINE, BRAKES WERE APPLIED AND CONTROL OF THE VEHICLE WAS LOST CAUSING THE VEHICLE TO ROLL SEVERAL TIMES. THE VEHICLE LANDED ON THE PASSENGER SIDE AND THE AIR BAGS DID NOT DEPLOY. SEAT BELTS WERE IN USE HOWEVER A THORACIC DISC FRACTURE AND A SEVER CUT ABOVE THE EYE WERE SUSTAINED. A POLICE REPORT WAS FILED AT THE SCENE. THE VEHICLE WAS TOWED TO AN THE DEALER WHERE IT WAS DEEMED TOTALED.

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

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

CAR WAS totalled yet NO AIR BAGS went OFF Driver side door which WAS bent IN ALSO AIR BAGS did NOT go off. If AIR BAGS had gone OFF my daughter would not have gotten cut Above eye AND Husband would not have A thoracic Disc Fracture ALL MECHANICS who SAW the CAR WERE AMAZED that AIR BAGS did NOT go OFF.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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-210
400 7th Street, SW
Washington, DC 20590