



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 ☐

Reference No.
10201902

2007 SEP 25 PM 05:34

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED]
City ETTERS State PA Zip Code [REDACTED] Evening Telephone Number [REDACTED]

Do you authorize NHTSA to contact the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an author your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 09/17/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
5B4MP67G843 [REDACTED] Make FOUR WINDS Model INFINITY Model Year 2004
Date Purchased 24-AUG-06 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner ☐ Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type ☐ Antilock Brakes Powertrain Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC
AUTOMATIC ☒ Cruise Control REAR WHEEL DRIVE Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-JAN-2007 Failure Mileage 10000 Failure Speed 5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) [REDACTED] ☐ 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: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [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), 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).

TL*THE CONTACT OWNS A 2004 FOUR WINDS INFINITY. WHILE DRIVING 5-10 MPH, THE CONTACT NOTICED A BURNING SMELL WHEN HE DEPRESSED THE BRAKE PEDAL. THE DEALER WAS UNABLE TO DIAGNOSE THE CAUSE OF THE AROMA. THERE IS A DEFECT INVESTIGATION FOR THE SERVICE BRAKES (NHTSA ACTION NUMBER PE07032). THE ENGINE SIZE WAS UNKNOWN. THE FAILURE MILEAGE WAS 10,000 AND CURRENT MILEAGE WAS 14,500.

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.