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

2007 SEP 25 PM 1:54

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
05-SEP-2007	Reference No. 10201902

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Addre[redacted]			
City ETTERS	State PA	Zip Cod[redacted]	Evening Telephone Number

Do you authorize NHTSA to [redacted] manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an author[redacted] 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	Make	Model	Model Year
5B4MP67G843[redacted]	FOUR WINDS	INFINITY	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
24-AUG-06				No: Cylinders 8	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	Powertrain: REAR WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

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

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	0	0	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