



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

2008 MAR -4 PM 2:36
29-NOV-2007

FOR AGENCY USE ONLY 100148

Date Received Repository

Reference No.
10210278

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DOVER State DE 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, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1N9040224 [REDACTED]
Make NABI Model 35LFW Model Year 2002
Date Purchased 01-JAN-02 Dealer's Name and Telephone Number _____ Engine: No: Cylinders 6 Fuel Type: Diesel
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 350000 EQUIPMENT
Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-APR-2007 Failure Mileage _____ Failure Speed 0

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 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 2002 NABI 35LFW. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 07E013000 (EQUIPMENT). HE HAS ATTEMPTED TO SCHEDULE A REPAIR APPOINTMENT NUMEROUS TIMES SINCE APRIL. THE MANUFACTURER CONTINUED TO MAKE EXCUSES ABOUT NOT BEING ABLE TO PERFORM THE RECALL REPAIR. THE VIN WAS INVALID. THERE HAD BEEN NO FAILURE TO DATE. THE CURRENT MILEAGE WAS 40,000.

Graham White started on site retrofits/timers on 12/8 with expected statewide completion 12/22/07.

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 to 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.