



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 02-JUN-2009
Repository
Reference No. 10272659

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ANDOVER State MA 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 [REDACTED] Date 6/10/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1NKCAZ1A2WT [REDACTED]
Make INFINITI Model I30 Model Year 1998
Date Purchased June 10, 2001 Dealer's Name and Telephone Number DEDHAM Auto Mall
Original Owner Dealer's City DEDHAM, MA State MA Zip Code [REDACTED]
Engine: No: Cylinders Fuel Type: UNLEADED
Transmission Type Automatic Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Multiple Failure: Incident Date(s) 09-MAY-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 141000 AIR BAGS: FRONTAL Failure Mileage 64726 Failure Speed 0

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) 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 1998 INFINITI I30. THE CONTACT STATED THAT THE AIR BAG WARNING LIGHT CONTINUED TO ILLUMINATE ON THE INSTRUMENT PANEL. THE DEALER STATED THAT THE PASSENGER SIDE AIR BAG NEEDED TO BE REPLACED AT THE COST OF OVER \$1,000. THERE WERE NO RECALLS FOR THE FAILURE. THE VIN WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGES WERE LESS THAN 64, 726.

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.

INVOICE - CUSTOMER COPY

This form is an itemized list of repairs and is part of the original Repair Order. This Repair Order Continuation is subject to all of the terms and conditions of the original Repair Order.

Kelly Infiniti
 155 Andover Street
 Route 114
 Danvers, MA 01923
 Phone: 978-774-1000
 Fax: 978-777-8686

Work Order No.
 15525

Customer Information				KELLY INFINITI 155 ANDOVER ST DANVERS, MA 01923 978-774-1000 THANK YOU FOR YOUR BUSINESS			
[REDACTED]				[REDACTED]			
ANDOVER MA [REDACTED]				[REDACTED]			

Make	Model	Year	Odometer	License No.	State	Color	Trim	Vehicle No.	In-Serv. Date	Stock No.
IN	30	98	64,726			Beig		JNKCA21A2WT [REDACTED]	11/20/97	
Cust. No.	Contact			Day Phone No.	Extension	Evening Phone No.	Extension			
[REDACTED]	[REDACTED]			[REDACTED]	HOME	[REDACTED]	[REDACTED]			
Service Consultant				Labor Rate		<small>Labor charges are based upon: 1. our experience, 2. factory guidelines, and 3. actual time for your work. Our labor charges may therefore be more or less than the actual time worked and/or factory suggested guidelines.</small>				
MR WAYNE W WOODBURY										
Tag	Wait	Wash	Estimate No.	Open Date	Promise Date	Time	Work Completed Date	Close Date		
2549	Yes	Yes		5/26/09	5/26/09	17:00	5/26/09			

01 CUSTOMER STATES AIRBAG LIGHT ON PERFORMED DIAGNOSTICS-FOUND RIGHT SIDE AIR BAG BAD WE HAVE SPECIAL ORDERED AIR BAG PARTS HAVE BEEN PREPAID

Perform Diagnostic Check-DIAG3 Add-On? No Tech RENA06 Labor 129.99 Customer

Parts MODULE ASSY-SIDE AIR-Y8EHM-7L002 Qty 1 Each 590.24 Parts 590.24 Customer

02 COMPLETED

MULTI-POINT INSPECTION-INSP Add-On? No Tech RENA06 Labor ***** Dealer

03 GOOD

TIRE TREAD DEPTH NORMAL-GTIRE Add-On? No Tech RENA06 Labor ***** Dealer

*****SERVICE NEEDS*****
 RIGHT SIDE AIRBAG HAS BEEN SPECIAL ORDERED CUST PAYS FOR INSTALLATION AT NEXT VISIT (238.70)
 REAR SHOCKS GETTING WEAK EST 758.75
 FRONT BRAKE PADS WORN TO 3MM WILL NEED TO REPLACE AT 2MM EST 402.00

* Totals	Amount	*
* Labor.....	129.99	*
* Parts.....	590.24	*
* Tax.....	29.51	*
* Total.....	749.74	Customer *



978-774-1000
 Fax 978-777-8686
 infiniti.service@kellyauto.com
 155 Andover Street, (Rte. 114)
 Danvers, MA 01923



We make it Easy!
kellyauto.com

Original Estimate	Total Revised Estimate	I acknowledge notice and oral approval of an increase in the original estimated price.	Customer acknowledges receipt thereof.
\$	\$	CUSTOMER SIGNATURE x	X _____ CUSTOMER SIGNATURE



Customer Name: [REDACTED] Year/Model: 98 I30 Date: 5/26/09
 Mileage: 64726 VIN: [REDACTED] Work Order #: 15525
 Service Consultant: WAYNE W. Technician: RENA 06

CHECKED AND OKAY			MAY NEED FUTURE ATTENTION			REQUIRES IMMEDIATE ATTENTION		
INTERIOR / EXTERIOR								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	1	Head Lights / Tail Lights / Turn Signals / Brake Lights Hazard Warning Lights / Exterior Lamps		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2	2	2	Windshield Washer Spray / Wiper Blades		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3	3	3	Windshield Condition (Inspect for Cracks, Chips, or Fitting)		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4	4	4	Upholstery / Carpet / Floor Mats / Mirrors / Glass		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	5	5	Emergency Brake Adjustment		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	6	6	Horn Operation		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7	7	7	Fuel Tank Cap Gasket		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	8	8	In-Cabin Microfilter (if equipped)		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9	9	9	Clutch Operation (if equipped)		
UNDER VEHICLE								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	10	10	Shock Absorbers / Suspension		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11	11	11	Steering Gear Box / Linkage and Boots / Ball Joints / Dust Covers		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	12	12	Muffler / Exhaust Pipes / Mountings		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13	13	13	Engine Oil and/or Fluid Leaks		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	14	14	Brake Lines / Hoses / Parking Brake Cable		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	15	15	Drive Shaft Boots / Constant Velocity Boots / U-Joints / Transmission Linkage (if equipped)		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	16	16	Transmission / Differential / Transfer Case (Check Fluid Level, Fluid Condition and Fluid Leaks)		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17	17	17	Fuel Lines and Connections / Fuel Tank Band / Fuel Tank Vapor Vent System Hoses		
UNDER HOOD								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	18	18	Fluid Levels: Oil / Coolant / Battery / Power Steering / Brake / Washer / Automatic Transmission		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19	19	19	Engine Air Filter		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	20	20	Drive Belts (condition and adjustment)		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21	21	21	Engine Coolant System		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	22	22	Cooling System Hoses / Heater Hoses / Air Conditioning Hoses and Connections		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23	23	23	Radiator Core and Cap		

CHECKED AND OKAY			MAY NEED FUTURE ATTENTION			REQUIRES IMMEDIATE ATTENTION							
BATTERY PERFORMANCE													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24	24	24	Battery Terminals / Cables / Mountings							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25	25	25	Check Condition of Battery (Storage Capacity Test)							
<input type="checkbox"/> Pass			<input type="checkbox"/> Recharge Retest			<input type="checkbox"/> Fail							
			Date Code										
BRAKE													
			<input type="checkbox"/> Brake Inspection Not Performed This Visit										
			Left Front			Right Front							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26	26	26	Left Front Brake Lining	<u>3</u> mm						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26	26	26	Left Rear Brake Lining	<u>5</u> mm						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26	26	26	Right Front Brake Lining	<u>3</u> mm						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26	26	26	Right Rear Brake Lining	<u>5</u> mm						
TIRE													
			Left Front			Right Front							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27	27	27	Tire Tread	<u>5</u> 32nds	<input checked="" type="checkbox"/>	27	27	27	Tire Tread	<u>5</u> 32nds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27	27	27	Wear Pattern	<u>N</u>	<input checked="" type="checkbox"/>	27	27	27	Wear Pattern	<u>N</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27	27	27	Tire Pressure	<u>34</u> psi	<input checked="" type="checkbox"/>	27	27	27	Tire Pressure	<u>34</u> psi
			Left Rear			Right Rear							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27	27	27	Tire Tread	<u>5</u> 32nds	<input checked="" type="checkbox"/>	27	27	27	Tire Tread	<u>5</u> 32nds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27	27	27	Wear Pattern	<u>N</u>	<input checked="" type="checkbox"/>	27	27	27	Wear Pattern	<u>N</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27	27	27	Tire Pressure	<u>34</u> psi	<input checked="" type="checkbox"/>	27	27	27	Tire Pressure	<u>34</u> psi

COMMENTS / ESTIMATES

[REDACTED] 5/26/09
 Customer Signature Date

KELLY INFINITI
155 ANDOVER STREET
DANVERS, MA 019230000

05/26/2009 12:38:14
Merchant ID: 000000007807779
Terminal ID: 01714378
233021402992

CREDIT CARD
VISA SALE

CARD # XXXXXXXXXXXX
INVOICE 15525
Batch #: 000162
Approval Code: 03582B
Entry Method: Swiped
Approved: Online

SALE AMOUNT \$749.74

CUSTOMER COPY