OCT 22 2009

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 ☐
24-SEP-2009	Reference No. 10285107

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City LOWELL	State MA	Zip Code [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	
Evening Telephone Number [redacted]	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JN8AZ08W05W [redacted]	NISSAN	MURANO	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1/08	Saturn of Lowell 978-454-9305			No: Cylinders 6	GAS
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-JUL-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 220000 SEATS	Failure Mileage 5005	Failure Speed 60

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			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 2005 NISSAN MURANO. THE DRIVER SEAT ASSEMBLY FAILED WHILE DRIVING APPROXIMATELY 60 MPH. THE MANUFACTURER TOOK A REPORT NUMBER 566097; HOWEVER, THEY WILL NOT ASSIST WITH THE REPAIR. THE DEALERS ESTIMATED COST TO REPAIR THE SEAT ASSEMBLY WAS $1,000.00. THE VEHICLE WILL BE REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 5,005 AND THE CURRENT MILEAGE WAS 60,000.

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