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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------|------------|
| <div style="text-align: center;"> <b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire</b><br/> <b>To Report Vehicle Safety Defects</b><br/> <b>1-888-DASH-2-DOT</b><br/> <b>(1-888-327-4236)</b><br/> <b>INTERNET:www.nhtsa.dot.gov/hotline</b> </div>                                                                                                                                                                                                                                                                                                             |  |                                                                     |        | FOR AGENCY USE ONLY 100148                                                                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                     |        | Date Received<br><div style="text-align: center; font-size: 1.2em;">AUG 16 2010</div> 17-AUG-2010 |            |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                     |        |                                                                                                   |            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Address                                                             |        | Daytime Telephone Number                                                                          |            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | State                                                               |        | Evening Telephone Number                                                                          |            |
| UPPER MARLBORO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MD                                                                  |        | SAME                                                                                              |            |
| 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).                                                                                                                                                                                                                                                                   |  |                                                                     |        |                                                                                                   |            |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                     |        |                                                                                                   |            |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                     | Make   |                                                                                                   | Model Year |
| JN8AZ08W84W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                     | NISSAN |                                                                                                   | 2004       |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Dealer's Name and Telephone Number                                  |        | Engine:                                                                                           |            |
| 10/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                     |        | No: Cylinders                                                                                     |            |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Dealer's City                                                       |        | State                                                                                             |            |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | WALDORF                                                             |        | MO                                                                                                |            |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Powertrain                                                          |        | Multiple Failure:                                                                                 |            |
| <input checked="" type="checkbox"/> Antilock Brakes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/> Cruise Control                  |        | Incident Date(s)                                                                                  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                     |        | 16-JAN-2010                                                                                       |            |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                     |        |                                                                                                   |            |
| Vehicle Component Code: 130000 VISIBILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                     |        | Failure Mileage                                                                                   |            |
| Left SUNVISOR continually falls from upward position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |        | 90000                                                                                             |            |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                     |        |                                                                                                   |            |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Tire Model (Name or Number)                                         |        | Tire Size (Example P215/65R15)                                                                    |            |
| DOT No. (Example: DOTM9ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Original Equipment                         |        | Failure Location:                                                                                 |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Prior Repair                               |        |                                                                                                   |            |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                     |        | Tire Failure Type:                                                                                |            |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                     |        |                                                                                                   |            |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date Manufactured:                                                  |        | Model No./Name:                                                                                   |            |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Installation System:                                                |        |                                                                                                   |            |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Failed Part:                                                        |        |                                                                                                   |            |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                     |        |                                                                                                   |            |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |        |                                                                                                   |            |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Fire                                                                |        | Number of Deaths                                                                                  |            |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        | Reported to Police                                                                                |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                     |        | N                                                                                                 |            |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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 NISSAN MURANO. THE CONTACT STATED THAT THE SUN VISOR WOULD NOT STAY IN THE UPWARD POSITION. WHEN DRIVING, IT WOULD FALL DOWN OBSTRUCTING THE CONTACT'S VIEW OF THE ROADWAY. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR INSPECTION OR REPAIRS. THE MANUFACTURER WAS NOT CONTACTED. THE CONTACT WAS CONCERNED THAT THE FAILURE WOULD STARTLE HER AND COULD POTENTIALLY RESULT IN A CRASH. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS APPROXIMATELY 90,000 AND THE CURRENT MILEAGE WAS APPROXIMATELY 100,000.                                     |  |                                                                     |        |                                                                                                   |            |
| VERY COSTLY TO <del>REPAIR</del> REPLACE, MANUFACTURER WILL NOT REPAIR EXISTING SUNVISOR. THIS IS A MALFUNCTION THAT SHOULD BE RECALLED DUE TO MAKES FOR EXTREMELY HAZARDOUS DRIVING.                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                     |        |                                                                                                   |            |
| 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. |  |                                                                     |        |                                                                                                   |            |