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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|
|  <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>                                                                                                                                                                                                                                                                           |                                                                                                           | FOR AGENCY USE ONLY 100148       |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | Date Received<br><br>31-JAN-2011 | Repository <input type="checkbox"/><br><br>Reference No.<br>10379670 |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                  |                                                                      |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Daytime Telephone Number         | E-mail Address                                                       |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Evening Telephone Number         |                                                                      |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                     | Zip Code                         |                                                                      |
| ST PETERSBURG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FL                                                                                                        |                                  |                                                                      |
| 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<br>JNKCA31A71T                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | Make<br>INFINITI                 | Model Year<br>2001                                                   |
| Date Purchased<br>OCT 15 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dealer's Name and Telephone Number<br>SAWGRASS INFINITI - 954-360-9400                                    |                                  | Engine:<br>No: Cylinders                                             |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dealer's City<br>TAMARAC                                                                                  | State<br>FL                      | Fuel Type:<br>GAS                                                    |
| Transmission Type<br>AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain                       | Incident Date(s)<br>28-JAN-2011                                      |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                  |                                                                      |
| Vehicle Component Code: 180000 VEHICLE SPEED CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Failure Mileage<br>88000         | Failure Speed<br>15                                                  |
| <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<br><input type="checkbox"/> Prior Repair                      | Failure Location:                |                                                                      |
| 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><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                  |                                                                      |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               | Number of Persons Injured        | Number of Deaths                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | Reported to Police<br>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;<br>i.e. parts repaired or replaced (and if old part is available).                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                  |                                                                      |
| TL* THE CONTACT OWNS A 2001 INFINITI I30. THE CONTACT STATED THAT WHILE DRIVING 15 MPH, THE VEHICLE STALLED. THE VEHICLE WAS TAKEN TO A LOCAL SHOP WHO STATED THAT THE IDLE CONTROL VALVE WAS DEFECTIVE AND THE ELECTRONIC CONTROL MODULE MAY BE DEFECTIVE AS WELL. THE MANUFACTURER WAS NOT CONTACTED. THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE 88,000.                                                                                                                                                                                              |                                                                                                           |                                  |                                                                      |
| MAR 07 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                  |                                                                      |
| 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 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. |                                                                                                           |                                  |                                                                      |