


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	Date Received NOV 2 2011 12-SEP-2011	100148 Repository <input type="checkbox"/> Reference No. 10425077	
	OWNER INFORMATION (Type or Print)		Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
Name [REDACTED]	Address [REDACTED]	City YONKERS	State NY	Zip Code [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 4N2DN11WXR[REDACTED]		Make NISSAN	Model QUEST	Model Year 1994
Date Purchased * 1996	Dealer's Name and Telephone Number * White Plains Dodge		Engine: No: Cylinders 6	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	
Transmission Type <input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain [REDACTED]	Multiple Failure: [REDACTED]	Incident Date(s) 10-SEP-2011	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 162000 STRUCTURE: BODY			Failure Mileage [REDACTED]	Failure Speed [REDACTED]
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: DOTMAL9ABC036) [REDACTED]	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured N/A	Number of Deaths N/A	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 1994 NISSAN QUEST. THE CONTACT WAS TRAVELING 80 MPH WHEN THE HOOD LATCH FAILED FLEW OPEN, FRACTURING THE FRONT WINDSHIELD. THE CONTACT HAD TO TIE DOWN THE HOOD TO KEEP IT FROM FLYING OPEN. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS UNKNOWN.				
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.				