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
FEB 28 2013	☐
08-JAN-2013	Reference No. 10491803

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number same as above	
City ROCHESTER **State** NY **Zip Code** [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
JN8AZ08WX5W[redacted]	NISSAN	MURANO	2005

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
6/27/2005	Dorschel Automotive Group (585) 533-1630	6	
Original Owner ☑	Dealer's City Rochester State NY Zip Code 14623		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☑ Antilock Brakes ☑ Cruise Control			17-OCT-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 220000 SEATS; 140000 AIR BAGS	Failure Mileage	Failure Speed
	~~83122~~ 80952	

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	0	0	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 CONTACT STATED THAT WHILE PARKED, THE FRONT DRIVER SEAT BRACKET FRACTURED AND THE SEAT ROCKED FROM SIDE TO SIDE. THE CONTACT ALSO STATED THAT THE AIR BAG WARNING LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR DIAGNOSTIC TESTING. THE MECHANIC STATED THAT THE SEAT BRACKET AND ZONE SENSOR WOULD HAVE TO BE REPLACED. THE SEAT WAS REPAIRED BUT NO FURTHER REPAIRS WERE COMPLETED. THE APPROXIMATE FAILURE MILEAGE WAS 83,122.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I got in my car sometime in October and when I started my car the Air bag light was flashing. So I shut the car off and the light went off. I started car again and proceeded to drive and the light still flashed. I took it to the dealer on 10/12/12 and asked them for a diagnosis of the problem. See attached copy of the diagnose Front Crash zone, sensor. I asked was it safe to drive because I didn't have the funds to have it replace. I was told it was okay. My question is if I'm in an accident will it work. This is what my question to the Manufacturer. (airbag)

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

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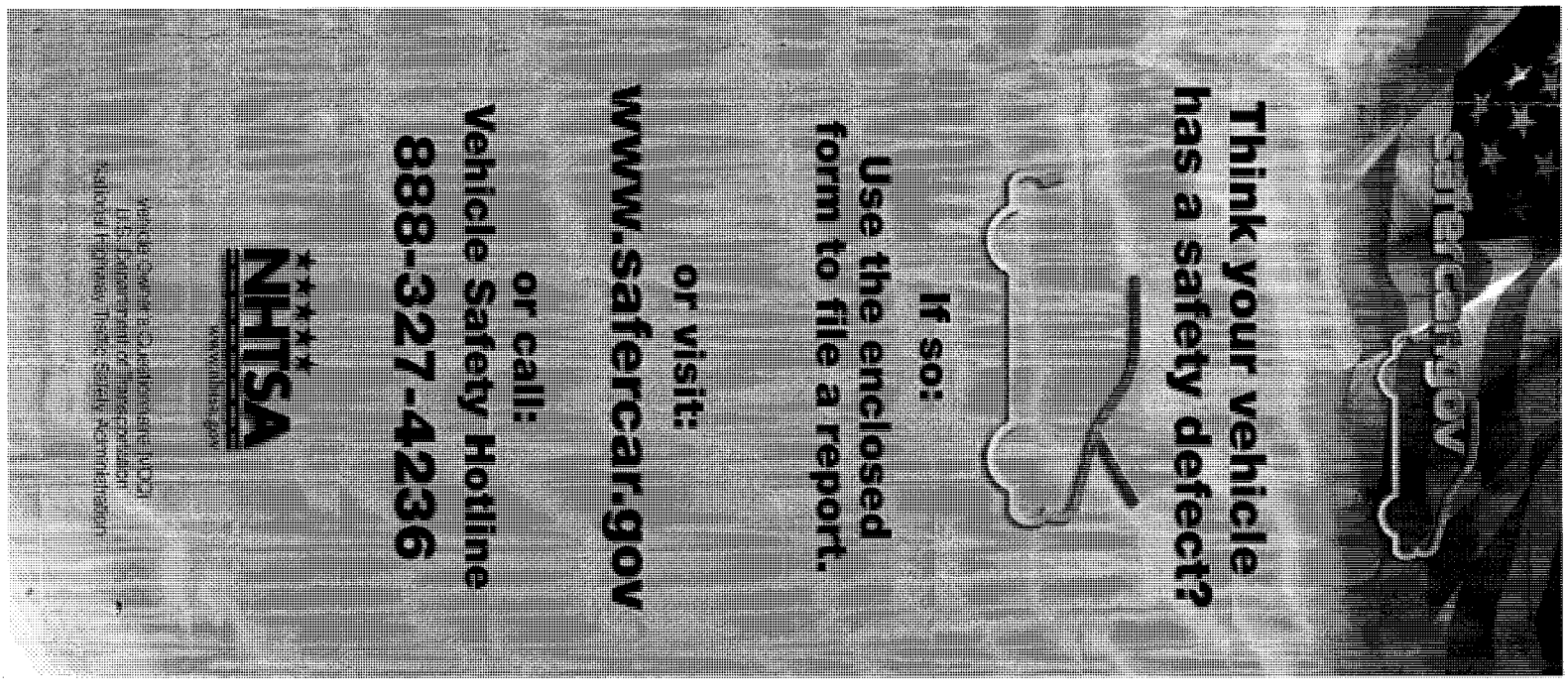

SERVICE DEPARTMENT HOURS
7:30 a.m. to 6:00 p.m.
Monday - Friday
8:00 a.m. to 4:00 p.m. Saturday

N.Y.S Facility ID# 7048330

R/O Open Date	R/O Number
10/17/12	16129266/1
R/O Close Date	Status
10/17/12	Pre-Invoice
Mileage In	Mileage Out
80952	80952
Service Advisor / Tag #	
DOUG ABREY/7876	

[redacted]
ROCHESTER, NY [redacted]

Work Phone	Vehicle Identification Number	
[redacted]	JN8AZ08WX5W[redacted]	
Home Phone	Delivery Date	In-Service Date
[redacted]	6/27/05	12/10/09

Year	Make	Model	Body	Color	License Number
2005	NISSAN	MURANO	SL AWD A/T	CHARDONNAY	[redacted]

5N632

DESCRIPTION OF SERVICE AND PARTS		AMOUNT
#1 - 05NIZQS: OIL LUBE AND FILTER OIL AND FILTER CHANGE CHECK ALL FLUIDS AND TI RE PRESSURES OIL AND FILTER CHANGE CHECK ALL FLUIDS AND TI RE PRESSURES		
Work performed by FRANK GALLAGHER III (FG1)		-17.00 12.00
Installed 15208-65F0C :OIL FILTER	1@5.95	5.95
Installed QLB :QUICKLUBE5W30 4.5QRTSSYN BLEND	1@9.00	9.00
COMPLETED		
Sub Total: 26.95		
#2 - 20NIZSIR: MANUFACTURER RECOMMENDED SERVICE SRS LIGHT		
Caused by		
HAS CODE B1035 OPEN CIRCUIT IN THE FRONT CRASH ZONE SENSOR		
Work performed by FRANK GALLAGHER III (FG1)		95.00
DIAGNOSED, ESTIMATE TO REPLACE THE FRONT CRASH ZONE SENSOR $442.77 PLUS TAX		
CUSTOMER HAS DECLINED		
Sub Total: 95.00		
#3 - 55NIZINSP: COURTESY INSPECTION NISSAN 100 POINT COURTESY INSPECTION REPORT		
Work performed by FRANK GALLAGHER III (FG1)		
ADVISED THE CUSTOMER THE FRONT BRAKES ARE WORN LOW EST TO REPLACE THE FRONT BRAKE PADS AND ROTORS $389.00, THE REAR BRAKES ARE ALSO WORN VERY LOW EST TO REPLACE THE REAR BRAKE PADS AND ROTORS $380.00		
Sub Total: .00		

TOYOTA - SCION
3399 W. HENRIETTA RD. - ROCHESTER, NY 14623
(585) 475-1700

LEXUS - SAAB - NISSAN - INFINITI - VOLKSWAGEN - KIA - ISUZU
3817 W. HENRIETTA RD. - ROCHESTER, NY 14623
(585) 475-1700

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

VISIT US AT WWW.DORSCHEL.COM

LABOR	107.00
PARTS	14.95
DEDUCTIBLE	.00
SUBLET	.00
SHOP SUPPLIES	.00
HAZARDOUS MATERIALS	.00
SALES TAX OR TAX I.D.	9.76
SPECIAL ORDER DEPOSIT	.00
DISCOUNTS	.00
TOTAL DUE	131.71
METHOD OF PAYMENT	114.71

____CASH ____CHECK ____VISA/MC
____AMEX/DISC ____TRAVEL CKS. ____EXT.WARR.

Thank You!

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Narrative Description of Incident(S), Crash(es), and Injury(ies).
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I was driving home from the store and I heard a crack or popping sound behind me and then my seat ~~started~~ started rocking if I moved while I was driving. The next day I called the shop (Carriage House Performance) and asked them if would be have time to look at my car and that the seat was rocking. Please see the attached copy of finding broken bracket in rear seat. I had it repaired because I could not drive it with a rocking seat.

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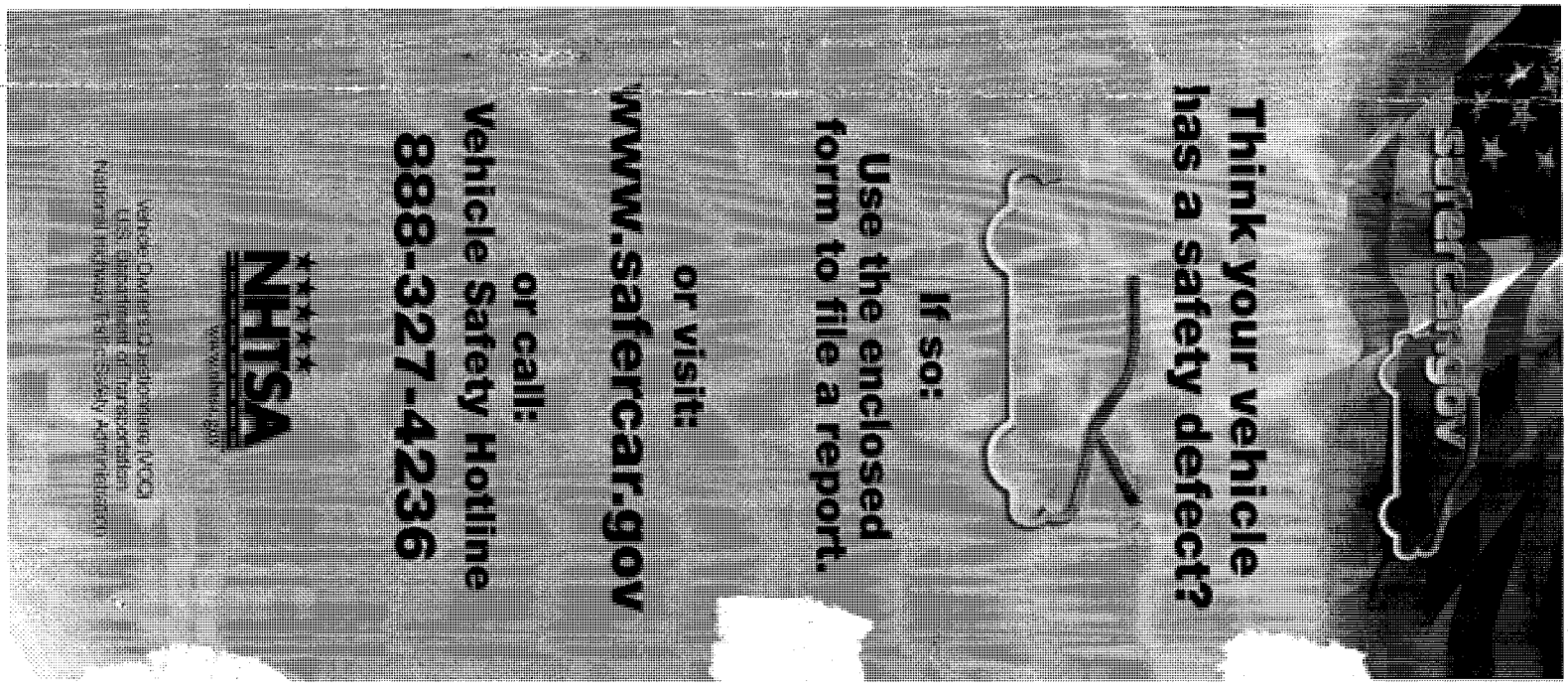

Carriage House Performance
1298 Clifford Ave
Rochester, NY. 14621
Phone - 585-338-7667 Fax - 585-338-3582

INVOICE
6417

NYS REG # 7077360

INVOICE

Print Date : 12/21/2012

[redacted]

2005 Nissan - Murano SL
3.5L, V6, VIN (A)
Lic # : [redacted] Odometer In :
Unit # : Odometer Out : 83122
Vin # : JN8AZ08WX5W[redacted]
Hat # :

Home [redacted]
Cust ID : 674 Ref # :

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
Shop Supplies				DIAGNOSE PASS SEAT NOT GOING FORWARD	156.00
*	1.00	10.00	10.00	OR BACK, FOUND DEBRIS WRAPED UP IN SEAT TRACK.	
				REMOVE SEAT AND TRACK, REMOVE ALL DEBIRS FROM TRACK AND SEAT WORKING FINE	
				DIAGNOSE DRIVER SEAT ROCKING, FOUND BROKEN BRACKET IN REAR OF SEAT	312.00
				REMOVE SEAT AND WELD BRACKET RE INSTALL SEAT	
				**** Recommendations ****	
				NEEDS REAR WIPER MOTOR	
				- REAR BRAKES GETTING LOW	

[Technicians : H, B UD27; Please Select, Technician; M, C JG54]

Org. Estimate $516.24 Revisions $0.00 Current Estimate $ 516.24 Additional Cost Revised Estimate

Labor:	**468.00**
Parts:	**10.00**
Sublet:	**0.00**
Sub:	**478.00**
Tax:	**38.24**
Total:	**516.24**
Bal Due:	**$0.00**

[Payments - MasterCard - $516.24]

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

SIGNATURE..... Date..... Time.....

Written By: D. R