

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



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 ☐

07-MAY-2015

JUN 5 - 2015

Reference No.
10715105

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MORRIS PLAINS State NJ Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
JNKDA31A63T [REDACTED] Make INFINITI Model I35 Model Year 2003

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

No: Cylinders

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

06-MAY-2015

☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)

Failure Mileage

180000

Failure Speed

45

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: DOTM19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

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 2003 INFINITI I35. WHILE DRIVING AT 45 MPH, THE VEHICLE STALLED. THE CONTACT WAS ABLE TO RESTART THE VEHICLE. ALL THE WARNING LIGHTS ON THE INSTRUMENT PANEL ILLUMINATED. IN ADDITION, THE CONTACT STATED THAT THE VEHICLE FAILED TO START. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE CONTACT WAS AWARE OF NHTSA CAMPAIGN NUMBER: 03V455000 (ENGINE AND ENGINE COOLING) HOWEVER, THE VIN WAS NOT INCLUDED. THE FAILURE MILEAGE WAS 180,000.

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.