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

FOR AGENCY USE ONLY 100148

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 30-JUL-2015

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OWNER INFORMATION (Type or Print)

Name Address City PEARL State MS Zip Code

Daytime Telephone Number Evening Telephone Number

E-mail Address

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 JNKC64E58M Make INFINITI Model G37 Model Year 2008 Date Purchased 06/2008 Dealer's Name and Telephone Number Ray Brandt Infiniti 504-832-2005 Engine: 3.7L No: Cylinders 6 Fuel Type: Gasoline Original Owner [X] Dealer's City Metairie State LA Zip Code 70002 Transmission Type Automatic [X] Antilock Brakes [X] Cruise Control Powertrain RWD Multiple Failure: Incident Date(s) 28-MAY-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 140000 AIR BAGS Failure Mileage 58500 Failure Speed 0

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 [] Yes [X] No Fire [] Yes [X] 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).

ON THE APPROX. DATE OF INCIDENT, I STARTED THE VEHICLE IN THE MORNING AND NOTICED THE AIR BAG LIGHT WOULD BLINK AND NOT TURN OFF. AFTER REFERENCING THE MANUAL, I BROUGHT THE VEHICLE INTO AN INFINITI DEALERSHIP TO BE DIAGNOSED. THE DIAGNOSIS WAS THAT THE PASSENGER SIDE AIRBAG SENSOR HAD FAILED AND WOULD COST MORE THAN \$2,700 TO REPLACE. I LEFT WITHOUT REPLACING THE PART. I NOTICE THIS EXACT ITEM HAS ALREADY BEEN RECALLED FOR THIS EXACT MAKE/MODEL/YEAR VEHICLE, BUT THE MANUFACTURER HAS TOLD ME THAT THE RECALL WAS NOT FOR MY SPECIFIC VIN. THIS RECALL SHOULD BE EXPANDED TO INCLUDE ALL 2008 INFINITI G37 VEHICLES

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.