



U.S. Department of Transportation

National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)
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: 08-JUN-2016
 Repository:
 Reference No.: 10873199

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: LAMBERTVILLE State: MI Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
 Evening Telephone Number: [REDACTED]
 E-mail Address: [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: JN8AZ1M00C0 [REDACTED]
 Make: NISSAN Model: MURANO Model Year: 2012
 Date Purchased: 4-20-2013 Dealer's Name and Telephone Number: YARK NISSAN 419-841-7771
 Engine: No: Cylinders 6 Fuel Type: REG.
 Original Owner: Dealer's City: TOLEDO State: OH Zip Code: 43615
 Transmission Type: AUTOMATIC Antilock Brakes Powertrain: V-6 Multiple Failure: Incident Date(s): 21-APR-2016
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: BRAKES (PWS), 140000 AIR BAGS Failure Mileage: 16000 Failure Speed: 30

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: 2 Number of Deaths: Reported to Police: Y

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 OWNED A 2012 NISSAN MURANO. WHILE DRIVING AT AN UNKNOWN SPEED AND ATTEMPTING TO ENGAGE THE BRAKES, THE BRAKE PEDAL SANK TO THE FLOOR AND FAILED TO STOP THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER. THE TECHNICIAN STATED THAT THE VEHICLE WAS WORKING UP TO SPECIFICATIONS. THE SECOND TIME THE FAILURE RECURRED, ANOTHER VEHICLE CRASHED INTO THE PASSENGER SIDE OF THE CONTACT'S VEHICLE. THE DRIVER SIDE AIR BAG FAILED TO DEPLOY. THE CONTACT SUSTAINED FRACTURES TO THE RIBS AND ANKLE. THE PASSENGER SUSTAINED BRUISED RIBS AND A FRACTURED ARM. MEDICAL ATTENTION WAS REQUIRED. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED AND TOWED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS 16,000.

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.