



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

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
20-JUN-2016	Reference No. 10875337
Daytime Telephone Number	E-mail Address
Evening Telephone Number	

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: HINSDALE State: IL Zip Code: [REDACTED] cell

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 JN8AZ1MW5CW [REDACTED]	Make NISSAN	Model MURANO	Model Year 2012
Date Purchased 8-31-12	Dealer's Name and Telephone Number Bill Kay Nissan 630-969-3200	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City Downers Grove	State IL	Zip Code 60515
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 20-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage 53600	Failure Speed - 0 -
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police N
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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 2012 NISSAN MURANO. THE CONTACT PRESSED THE START/STOP BUTTON WHILE THE VEHICLE WAS STILL IN DRIVE. THE CONTACT EXITED THE VEHICLE AND IT ROLLED AWAY. WHEN THE CONTACT ATTEMPTED TO STOP THE VEHICLE, SHE WAS STRUCK BY THE DRIVER SIDE DOOR. A POLICE REPORT WAS NOT FILED. THE CONTACT SUSTAINED INJURIES TO THE BACK, FOUR CRACKED RIBS, A BROKEN FINGER, AND A LIVER LACERATION. MEDICAL ATTENTION WAS REQUIRED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VIN AND FAILURE MILEAGE WERE UNAVAILABLE.

4 broken bones in back, 3 cracked ribs, Hospitalized for 4 days.
broken finger, liver laceration

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.

AutoNation

AutoNation Ford Fort Lauderdale

1333 N. FEDERAL HWY.
FT. LAUDERDALE, FLORIDA 33304
(954) 390-6530
P & A CODE: 24008 04843-4
STATE CERTIFICATE #'S MV 14633
www.autonation.com

INVOICE

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WILTON MANOR, FL
HOME: [REDACTED] CONT: [REDACTED]
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 8562 JEFF JONES

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
SILVER	05	FORD THUNDERBIRD	1FAHP60A85Y [REDACTED]		13981/13981	T3771
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
02JAN05 DD			15:00 29APR16			CASH
R.O. OPENED		READY	OPTIONS: STK: 5Y [REDACTED]		ENG: 3.9	
08:55 29APR16		14:34 29APR16				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A C/S: CUSTOMER STATES CHECK ENGINE LIGHT ON, CHECK AND ADVISE							
ANDIAG1 Diagnosis 1.0							
4059 BARRIOS, MANUEL LIC#: 4596							
					79.95		79.95

PARTS: 0.00 **LABOR:** 79.95 **OTHER:** 0.00 **TOTAL LINE A:** 79.95
 13981 1.00 Performed DTC test. Code p0451 vapor leak. performed test on visible valves and hoses. Leak determined to be above the fuel tank. Tank needs to be removed for full inspection.

B Customer requested to have Multi Point inspection performed this visit

MULTI-A Customer requested to have Multi Point inspection performed this visit
 4059 BARRIOS, MANUEL LIC#: 4596

CFMPI	0.00	0.00
GTIRE TIRE TREAD AND WEAR IS OK AT THIS TIME 4059 BARRIOS, MANUEL LIC#: 4596		
CFMPI	0.00	0.00
GBATT BATTERY CONDITION IS GOOD 4059 BARRIOS, MANUEL LIC#: 4596		
CFMPI	0.00	0.00
GBK BRAKE LININGS ARE OK AT THIS TIME 4059 BARRIOS, MANUEL LIC#: 4596		
CFMPI	0.00	0.00

PARTS: 0.00 **LABOR:** 0.00 **OTHER:** 0.00 **TOTAL LINE B:** 0.00
 13981 0.20 inspection performed.

C Customer approves a complimentary exterior hand car wash and front floor board vaccum

WASH Customer approves a complimentary exterior hand car wash and front floor board vaccum
 4059 BARRIOS, MANUEL LIC#: 4596

CF	0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00		

PLEASE SEE THE LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

SHOP SUPPLIES AND HAZARDOUS MATERIALS CHARGES: We have added a charge equal to 12% of the cost of parts & labor up to a maximum of \$59.75. "This charge represents costs and profits to the motor repair facility for miscellaneous shop supplies or waste disposal." [s.559.905 (l) (h)]

The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state, [s.403.7185].

X _____
 CUSTOMER SIGNATURE

PAYMENT METHOD	DESCRIPTION	TOTALS
CASH AMERICAN EXPRESS	LABOR AMOUNT	
	PARTS AMOUNT	
CHECK VISA	GAS, OIL, LUBE	
	SUBLET AMOUNT	
DISCOVER MASTERCARD	MISC. CHARGES	
	TOTAL CHARGES	
INTERNAL OTHER STATE OF FLORIDA REGISTRATION NUMBER #MV - 14633 AR1686	LESS INSURANCE	
	SALES TAX	
PLEASE PAY THIS AMOUNT		

ALL PARTS INSTALLED ARE NEW UNLESS OTHERWISE INDICATED