



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

29-MAY-2019

Reference No.

SEP 04 2019

11210560

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City COLUMBUS

State GA

Zip [REDACTED]

Daytime Telephone Number [REDACTED]

Email Address [REDACTED]

Evening Telephone Number [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

JNKCV51F35M [REDACTED]

Make

INFINITI

Model

G25

Model Year

2005

Date Purchased

12/13/18

Dealer's Name and Telephone Number

RIVERSIDE CAR & TRUCK SALES 706 653-6700

Engine: V6

No: Cylinders 6

Fuel Type:

Premium

Original Owner

Dealer's City

Columbus

State

GA

Zip Code

3901

Transmission Type

ALL wheel

Antilock Brakes

Cruise Control

Powertrain

8

Multiple Failure:

NO

Incident Date(s)

29-DEC-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage

140000

Failure Speed

43

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

N/A

Tire Model (Name or Number)

N/A

Tire Size (Example P215/65R15)

N/A

DOT No. (Example: DOTM19ABC036)

N/A

Original Equipment

Prior Repair

Failure Location:

midland Georgia

Tire Component Code

N/A

Tire Failure Type:

N/A

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

Number of Deaths

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 2005 INFINITI G25. WHILE DRIVING 43 MPH, THE VEHICLE BEGAN TO SHAKE VIOLENTLY. SUDDENLY, THE CONTACT HEARD TWO ABNORMAL BOOMING NOISES AND THE AIR BAGS DEPLOYED INADVERTENTLY. ALSO, THE AIR BAG INDICATOR ILLUMINATED. THERE WERE NO INJURIES. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO PROVIDED NO ASSISTANCE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE DEALER AND MANUFACTURER WERE NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 140,000. THE VIN WAS UNKNOWN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.