



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

**Auto Safety Hotline**

## Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY** §20

Date Received

10-DEC-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8000525

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
JNKBY31A4WM403134	INFINITI	Q45	1998			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 06400000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 6	Dates of Failure(s) 01-SEP-2001 Mileage at Failure(s) 35000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**ANTI-LOCK BRAKE SYSTEM FAILS TO ADEQUATELY SLOW OR STOP VEHICLE. ALSO, VEHICLE WILL INTERMITTENTLY SURGE WHILE BRAKES ARE BEING APPLIED. DEALERSHIP HAS EXAMINED VEHICLE, BUT CANNOT FIND A CAUSE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.\*AK**

CONTINUE ON REVERSE

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.

U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire (VOQ)**  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY** 920

Date Received: FEB - 6 10-DEC-2001 40  
DEFECT #

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.  
8000525

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

[Redacted] 729684

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): (located at bottom of windshield on driver's side) JNKBY31A4WM403134  
Vehicle Make: INFINITI  
Vehicle Model: Q45  
Vehicle Year: 1998  
Current Odometer Reading: 41,300

Purchase Date: 2/4/00  
 New  Used  
Dealer's Name: BRAMAN MOTORS  
City: W. PALM BCH State: FL Zip Code: \_\_\_\_\_  
Engine Size (CID/CC/L): \_\_\_\_\_ No Cylinders: 8  
 Turbo Diesel Gas Fuel Injectio

Transmission Type:  Manual  Automatic  
AntiLock Brakes:  Yes  No  
Restraint System:  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport Util  Van  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 03260000 06400000  
Part Name(s): BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL  
Location:  Left  Right  Front  Rear  
Failed Part(s):  Original  Replacement  
Part Name(s): BRAKE BOOSTER ?

No of Failures: 6  
Date(s) of Failure(s): 01-SEP-2001  
Mileage at Failure(s): 35000  
Vehicle Speed at Failure(s): UNDER 25 MPH  
Failed Part(s):  Yes  No  
NHTSA Previously:  Yes  No

**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash:  Yes  No  
Fire:  Yes  No  
Number of Persons Injured: 0  
Number of Fatalities: 0  
Estimated Property Damage: \_\_\_\_\_  
Reported to Police:  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

~~ANTILOCK~~ BRAKE SYSTEM FAILS TO ADEQUATELY STOP OR STOP VEHICLE. ALSO, VEHICLE WILL INTERMITTENTLY SURGE WHILE BRAKES ARE BEING APPLIED. DEALERSHIP HAS EXAMINED VEHICLE, BUT CANNOT FIND A CAUSE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. \*AK

CONTINUE ON BACK IF NEEDED

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**FOR AGENCY USE ONLY 1058**

Date Received

05-FEB-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8000525

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B4GP74L9XB	DODGE TRUCK	GRAND CARAVA	1999			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08000000	Part Name(s) ELECTRICAL SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Dates of Failure(s) 04-FEB-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HAD PARKED VEHICLE AND NOTICED FIRE 6 HOURS LATER, WHEN VEHICLE WAS PURCHASED NEW, AN ENGINE BATTERY HEATER WAS INSTALLED, IT WAS PLUGGED IN AT THE TIME OF LOSS, POSSIBLY SHORTED OUT AND CAUSED THE FIRE, CLAIM 13-7233-513. \*SLC

CONFIDENTIAL - NHTSA

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**NUMBER**

8000525

**CHANGED**

**TO**

6900670

**NUMBER**

8000526

**CHANGED**

**TO**

6900671