

U.S. Department
of TransportationNational 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 231

Data Received

11-APR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

860077

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4N2DN1115WD803725	NISSAN TRUCK	QUEST	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING AT 5 MPH AND MAKING U TURN, WHEEL WENT OVER CURVE AND AIR BAGS DEPLOYED WITHOUT INDICATION. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUED ON BACK PLEASE

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: right;">FOR AGENCY USE ONLY 231</p> <p>Date Received: <u>11-APR-2000</u></p> <p style="text-align: center;">OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. 860077</p> <p>Work Number: _____ Home Number: _____</p>
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OWNER INFORMATION (Type or Print)

Do you authorize _____ in the absence of a signature and address to the vehicle manufacturer? YES NO

Signature of Owner: _____ Date: 4/24/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 4N2DN1115WD803725	Vehicle Make NISSAN TRUCK	Vehicle Model QUEST	Vehicle Year 1998	Current Odometer Reading 48,200		
Purchase Date 7-5-98	Dealer's Name Brown + Brown Nissan		Engine Size (CID/CC/L) 181	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Tempe State AZ Zip code 85284	No Cylinders 4				
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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other 3-door

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 3-14-00 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) 5 mph	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damage \$3569.88	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING AT 5 MPH AND MAKING U TURN, WHEEL WENT OVER CURVE AND AIR BAGS DEPLOYED WITHOUT INDICATION. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION. *AK

Although I was the only one physically injured my 5 and 9 year old were quite traumatized by the whole ordeal as well as myself. Nissan cannot

fractured right wrist

CONTINUE ON BACK IF NEEDED

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*** ATTENTION INTERNET SURFERS ***
 VISIT OUR WEB SITE FOR OUR COUPON SPECIALS AT:
<http://www.browncandbrown.com>
 VISIT NISSAN MOTOR CORP. USA AT:
<http://www.nissan-usa.com>

BROWN & BROWN
NISSAN
 TEMPE, ARIZONA 480-598-6000

CUSTOMER NO. 75590	ADVISOR JAMES E BLACK 1171	CARD NO. 441	INVOICE DATE 04/12/00	INVOICE NO. NICS36095
	LABOR RATE [REDACTED]	MILEAGE 47175	COLOR BUICKSILVER	STOCK NO. 8T030
	YEAR / MAKE / MODEL 98/NISSAN TRUCK/QUEST/VAN		DELIVERY DATE 07/06/96	DELIVERY MILES 245
	VEHICLE ID. NO. 4N2DN1115WD803725		SELLING DEALER NO.	PRODUCTION DATE 09/01/97
	F.T.E. NO.	P.O. NO.	R.O. DATE 03/31/00	

TOTALS

CHARGE CASH CREDIT CARD **CHK# 74729546 and 1075**

DID YOUR CONSULTANT EXPLAIN YOUR SERVICE TO YOU? YES NO

DO YOU HAVE ANY QUESTIONS? YES NO

WE ARE THE HOME OF THE NEW "FAST OR FREE" SERVICE, WHERE WE WILL GUARANTEE THE PRICE AND TIME OF 13 SERVICES WHEN YOU MAKE AN APPOINTMENT.

THANK YOU FOR YOUR BUSINESS
 IF FOR ANY REASON YOU FEEL THAT YOU HAVE NOT RECEIVED OUR NORMAL "EXCELLENT SERVICE", PLEASE CONTACT ME IMMEDIATELY.
 BOB GABUCKAS AT 480 598 6152

X [REDACTED SIGNATURE]

CUSTOMER SIGNATURE

TOTAL LABOR....	511.20
TOTAL PARTS....	2847.90
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC USE	0.00
TOTAL TAX.....	210.78
TOTAL INVOICE \$	3569.88
	3319.88

Cash pay 250.00



ACCOUNTING COPY

DP-1458 (1/99) FORMER 2-90

*** ATTENTION INTERNET SURFERS ***
 VISIT OUR WEB SITE FOR OUR COUPON SPECIALS AT
<http://www.brownandbrown.com>
 VISIT NISSAN MOTOR CORP. USA AT:
<http://www.nissan-usa.com>

BROWN & BROWN
NISSAN
 TEMPE, ARIZONA 480-688-6000

CUSTOMER NO 75590	ADVISOR JAMES E. BLACK	CARD NO. 1171	INVOICE DATE 04/12/00	INVOICE NO. NICS3609
	LABOR RATE	MPLEAGE 47175	COLOR QUICKSILVER	STOCK NO. 8T030
	YEAR/MAKE/MODEL 98/NISSAN TRUCK/QUEST/VAN	DELIVERY DATE 07/06/98	DELIVERY MILES	
	VEHICLE ID NO. 4N2DN1115WDS03725	SELLING DEALER NO.	PRODUCTION DATE 09/01/98	
	P.T.E. NO.	P.O. NO.	R.O. DATE 03/31/00	

JOB# 1 CHARGES

LABOR
 J# 1 47NIZ INTERIOR TECH(S):1217
 CUST STS THE BOTH AIR BAGS DEPLOYED ADVISE
 REPLACE DASH, CLOCK SPRING, AIR BAG CONTROL MODULE, AIR
 BAG INSTRUMENT PANEL, STEERING WHEEL

511.0

PARTS	QTY	PP-NUMBER	DESCRIPTION	UNIT PRICE	
	1	28556-68027	SENSOR-AIR BAG	380.74	380.74
	1	J8510-1B069	MODULE ASSY-AIR	619.59	619.59
	1	25534-1B025	WIRE ASSY-STEER	96.40	96.40
	1	K8515-68703	MODULE ASSY-AIR	706.75	706.75
	1	38200-1B003	PANEL & PAD ASS	1044.45	1044.45
				TOTAL - PARTS	2847.93

JOB# 1 TOTALS

LABOR 511.0
 PARTS 2847.93

JOB# 1 JOURNAL PREFIX NICS JOB# 1 TOTAL 3359.0

JOB# 2 CHARGES

LABOR
 J# 2+18NIZMA161 4 WHEEL ALIGNMENT TECH(S):1217
 STEERING WHEEL OFF CENTER-VEHICLE PULLS RIGHT
 TIRE OUT OF ALIGNMENT
 PERFORM 4 WHEEL ALIGNMENT

0.0

JOB# 2 TOTALS

JOB# 2 TOTAL 0.0

JOB# 3 CHARGES

LABOR
 J# 3+29NIZDETAIL DETAIL INSTRUMENT
 COMPLETED

INTERNA

MISC	CODE	DESCRIPTION	CONTROL NO.	
	CU1	CO 01/SC00MT-INT		
			TOTAL - MISC	0.0

INTERNA

JOB# 3 TOTALS

JOB# 3 JOURNAL PREFIX NICS JOB# 3 TOTAL 0.0

ESTIMATE
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
 ORIGINAL ESTIMATE OF \$2549.99 (+TAX)

COMMENTS
 AIR BAGS DEPLOYED