



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

400 Seventh Street, S.W.  
Washington, D.C. 20580

MAR 14 2004

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Frank Slaveter  
Nissan North America, Inc  
P.O. Box 191  
Gardena, CA 90248-0191

NVS-212mbs  
PE04-020

Dear Mr. Slaveter:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE04-020) to investigate allegations of head lamp failures due to over heating and melting of the bulb socket attached to the wiring harness in model year 1999-2000 Nissan Quest vehicles manufactured by Nissan North America, Inc, and to request certain information.

This office has received 11 reports of headlamp failures in model years 1999-2000 Nissan Quest vehicles, an additional 6 reports were received on model years 1999-2000 Mercury Villager vehicles. A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all model year 1999-2000 Nissan Quest vehicles manufactured for sale or lease in the United States.
- **Subject component:** all components associated with the headlamp assembly, headlamp socket, and all harness connecting to the headlamp assembly.
- **Nissan:** Nissan North America, Inc, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Nissan (including all business units and persons previously referred to), who are or, in or after 1997, were involved in any way with any of the following related to the alleged defect in the subject vehicles:



DOT AUTO SAFETY HOTLINE  
888-DASH-2-DOT  
888-327-4236

- a. Design, engineering, analysis, modification or production (e.g. quality control);
  - b. Testing, assessment or evaluation;
  - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
  - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** The headlamps are failing in model year 1999-2000 Nissan Quest vehicles due to over heating and melting of the bulb socket attached to the wiring harness.
  - **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Nissan, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by Nissan or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Nissan has previously provided a document to ODI, Nissan may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Nissan's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles Nissan has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by Nissan, state the following:
  - a. Vehicle identification number (VIN);
  - b. Make;
  - c. Model;
  - d. Model Year;
  - e. Date of manufacture;
  - f. Date warranty coverage commenced; and
  - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

2. State the number of each of the following, received by Nissan, or of which Nissan are otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
  - a. Consumer complaints, including those from fleet operators;
  - b. Field reports, including dealer field reports;

- c. Reports involving a fire, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
- d. Property damage claims; and
- e. Third-party arbitration proceedings where Nissan is or was a party to the arbitration; and
- f. Lawsuits, both pending and closed, in which Nissan is or was a defendant or codefendant.

For subparts "a" through "d," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and Nissan's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "f" and "g," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
  - a. Nissan's file number or other identifier used;
  - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
  - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
  - d. Vehicle's VIN;
  - e. Vehicle's make, model and model year;
  - f. Vehicle's mileage at time of incident;
  - g. Incident date;
  - h. Report or claim date;
  - i. Whether a fire is alleged;
  - j. Whether property damage is alleged;
  - k. Number of alleged injuries, if any; and
  - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Nissan used for organizing the documents.

5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Nissan to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. Nissan's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

6. Describe in detail the search criteria used by Nissan to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Nissan on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that Nissan offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Nissan has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that Nissan is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being

conducted, are planned, or are being planned by, or for, Nissan. For each such action, provide the following information:

- a. Action title or identifier;
- b. The actual or planned start date;
- c. The actual or expected end date;
- d. Brief summary of the subject and objective of the action;
- e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
- f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, Nissan in the design, material composition, manufacture, quality control, supply, or installation of the subject components, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
  - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
  - b. A detailed description of the modification or change;
  - c. The reason(s) for the modification or change;
  - d. The part numbers (service and engineering) of the original component;
  - e. The part number (service and engineering) of the modified component;
  - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
  - g. When the modified component was made available as a service component; and
  - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Nissan is aware of which may be incorporated into vehicle production within the next 120 days.

10. List all Nissan models that have the same or similar headlamp designs as the subject vehicle.
11. Produce each of the following:
  - a. Parts schematics of the headlamp assembly for each design version of the subject component;
  - b. A diagram of the headlamp assembly showing how the system works.

12. Furnish Nissan's assessment of the alleged defect in the subject vehicle, including:

- a. The causal or contributory factor(s);
- b. The failure mechanism(s);
- c. The failure mode(s);
- d. The risk to motor vehicle safety that it poses;
- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
- f. The reports included with this inquiry.

This letter is being sent to Nissan pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Nissan's failure to respond promptly and fully to this letter could subject Nissan to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If Nissan cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Nissan does not submit one or more requested documents or items of information in response to this information request, Nissan must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Nissan's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by April 26, 2004. Please refer to PE04-020 in Nissan's response to this letter. If Nissan finds that it is unable to provide all of the information requested within the time allotted, Nissan must request an extension from Thomas Cooper at (202) 366-5218 no later than five business days before the response due date. If Nissan is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Nissan then has available, even if an extension has been granted.

If Nissan claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Nissan must submit

supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Nissan is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Mark B. Swanson of my staff at (202) 366-7020.

Sincerely,



Thomas Z. Cooper, Chief  
Vehicle Integrity Division  
Office of Defects Investigation

Enclosure 1, one CD ROM titled Data Collection Disc containing three files  
Enclosure 2, copy of Vehicle Owners Questionnaire







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

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Date Received  
06-MAR-2000  
Repository   
Reference No.  
719748

**OWNER INFORMATION (Type or Print)**

Name  
Address  
City CRETE State IL Zip Code

Daytime Telephone Number  
Evening Telephone Number  
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4M2XV1177  
Make MERCURY Model VILLAGER Model Year 1999  
Date Purchased 01-JUL-99 Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type: Gas  
Original Owner  Dealer's City State Zip Code  
Transmission Type  Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS  
 Cruise Control Multiple Failure: 2

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

Incident Date(s) 06-MAR-2000 Failure Mileage Failure Speed

**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 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).

IN JANUARY, 2000 AND NOW TODAY, MARCH 6, THE SOCKET CONNECTING THE POWER TO THE HEAD LAMP BULBS HAVE BOTH FAILED. THE LEFT ONE FAILED IN JANUARY AND THE RIGHT ONE FAILED TODAY. IN BOTH CASES, THE GROUND TERMINAL OF THE SOCKET SEEMS TO BE CORRODED AND THE PLASTIC IN THAT AREA OF THE SOCKET IS SLIGHTLY MELTED. AS NEITHER HIGH OR LOW BEAMS WOULD WORK, A BAD GROUND CONNECTION WOULD MAKE SENSE. REPLACING THE SOCKET WITH A NEW ONE FIXED THE PROBLEM IN BOYH CASES. I HAVE ONE OF THE OLD SOCKETS IF YOU WOULD LIKE TO SEE IT. \*AK

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 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**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

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Date Received  
25-JUL-2002  
Repository   
Reference No.  
764735

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City CENTRAL POINT State OR Zip Code \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4M2XV11T8X \_\_\_\_\_  
Make MERCURY Model VILLAGER Model Year 1999  
Date Purchased 01-OCT-99 Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No: Cylinders \_\_\_\_\_ Fuel Type: Gas  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Transmission Type  Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 121000 EXTERIOR LIGHTING:HEADLIGHTS  
 Cruise Control Multiple Failure: 50

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

Incident Date(s) 01-JAN-2000 Failure Mileage \_\_\_\_\_ Failure Speed 0

**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: DOTM1SABC035)  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 0 Number of Deaths 0 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).

REPEATED HEADLIGHT FAILURE DUE TO FAULTY HEADLAMP CONNECTORS. \*JB

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 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.



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Date Received  
29-OCT-2003  
Repository   
Reference No.  
10044974

**OWNER INFORMATION (Type or Print)**

Name  
Address  
City PITTSBURGH State PA Zip Code

Daytime Telephone Number  
Evening Telephone Number  
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
Make MERCURY Model VILLAGER Model Year 1999  
Date Purchased Dealer's Name and Telephone Number Engine: No. Cylinders Fuel Type:  
Original Owner  Dealer's City State Zip Code  
Transmission Type  Antilock Brakes  Cruise Control Powertrain Vehicle Component Code  
121000 EXTERIOR LIGHTING:HEADLIGHTS  
Multiple Failure: 1

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

Incident Date(s) Failure Mileage 53604 Failure Speed

**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: DOTM1A9ABC036)  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 0 Number of Deaths 0 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).

HEADLIGHTS DO NOT TURN ON BY SWITCH. VEHICLE WAS SERVICED, AND THE MECHANIC NOTICED THAT THE HEADLIGHT SOCKET MELTED.  
DEALERSHIP REPLACED THE SOCKET LAMPS, BUT THE PROBLEM RECURRED. \*AK

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 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.



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

FOR AGENCY USE ONLY 1367

Date Received	Repository <input type="checkbox"/>
06-FEB-2004	Reference No. 10057652

## OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City SHIRLEY	State NY	Zip Code

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

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

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4MZXV11C9	Make MERCURY	Model VILLAGER	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 121000 EXTERIOR LIGHTING:HEADLIGHTS	
Multiple Failure: 1			

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

Incident Date(s) 16-JAN-2004	Failure Mileage 43000	Failure Speed
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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: DOTM1A9ABC036)	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).

HEADLIGHTS SUDDENLY WENT OUT WHILE IN USE. THIS OCCURRED BECAUSE OF A SHORT IN THE ELECTRICAL SYSTEM WIRING. THE SOCKET MELTED. THIS COULD CAUSE A FIRE, PER THE DEALERSHIP. \*AK

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 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  
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**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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received  
04-FEB-2004  
Repository   
Reference No.  
10056503

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City HUNTSVILLE State AL Zip Code \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4M2X11T3 \_\_\_\_\_ Make MERCURY Model VILLAGER Model Year 1999  
Date Purchased 31-DEC-99 Dealer's Name and Telephone Number \_\_\_\_\_ Engine: \_\_\_\_\_ Fuel Type: Gas  
No: Cylinders 6  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS  
Multiple Failure: 4

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

Incident Date(s) 04-FEB-2004 Failure Mileage 48060 Failure Speed 0

**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 0 Number of Deaths 0 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).

HEADLIGHTS FAIL FREQUENTLY ON MY 1999 MERCURY VILLAGER. THE DEALER INFORMS ME THAT THIS IS DUE TO OVERHEATING OF THE SOCKET WHICH PROVIDES POWER TO THE HEADLIGHT BULB. BOTH HEADLIGHT SOCKETS HAVE FAILED MULTIPLE TIMES ON THIS VEHICLE, YET THE DEALER INDICATES THAT NO TSB OR RECALL HAS BEEN ISSUED TO RESOLVE THIS ISSUE.

I BELIEVE THAT THIS IS A GROSS SAFETY ISSUE AS THERE IS THE POSSIBILITY THAT ILLUMINATION COULD BE LOST DURING NIGHT DRIVING. TO MY KNOWLEDGE, THIS HAS NOT BEEN ADDRESSED BY NISSAN OR MERCURY. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-502 This information is requested pursuant to a 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  
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**DOT Auto Safety Hotline**

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
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FOR AGENCY USE ONLY 100148

Date Received  
27-DEC-2003  
Repository   
Reference No.  
10051158

**OWNER INFORMATION (Type or Print)**

Name  
Address  
City SAN JOSE State CA Zip Code

Daytime Telephone Number  
Evening Telephone Number  
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4M2XV1178X  
Make MERCURY Model VILLAGER Model Year 1999  
Date Purchased 17-NOV-99 Dealer's Name and Telephone Number SUNNYVALE MERCURY Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City SUNNYVALE State CA Zip Code 94086  
Transmission Type  Antilock Brakes Powertrain UNKNOWN  
AUTOMATIC  Cruise Control  
Vehicle Component Code  
121000 EXTERIOR LIGHTING: HEADLIGHTS  
Multiple Failure: 2

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

Incident Date(s) 06-FEB-2003 Failure Mileage 20000 Failure Speed 30

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make B. F. GOODRICH Tire Model (Name or Number) 10002012 Tire Size (Example P215/65R15)  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location:  
Tire Component Code 190000 TIRES 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 0 Number of Deaths 0 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).

OUR VAN ALSO EXPERIENCED MELTED HEADLIGHT SOCKETS FAILURE DUE TO A WEAK SOLDERING FROM THE WIRE TO THE SOCKET. UNBELIEVABLE THAT THIS IS NOT A RECALL. THE DEALER'S PARTS DEPARTMENT PERSON TOLD ME WHEN I ORDERED THE REPLACEMENT SOCKETS THAT THEY SELL LOTS OF THESE SOCKETS. WE HAD INTERMITTENT LIGHTING PROBLEM ON ONE SIDE, THEN THE OTHER, THEN TOTAL FAILURE OF BOTH HEADLIGHTS. PLEASE REPORT YOUR EXPERIENCE. THIS MUST BECOME A RECALL. I WANTED TO FILE MULTIPLE OTHER PROBLEMS: THE TIRES AFTER COMPLAINING OF WOBBLING IN THE STEERING WHEEL FOR 3 YEARS, THE DEALER SAID THEY ARE OFFERING REPLACEMENT TIRES TO OWNERS WHO COMPLAIN, BUT NOT TO ALL OWNERS, AND THAT WAS NOT A RECALL, I DID NOT KEEP THE BRAND OR MODEL OF THE TIRES THE DEALER REMOVED. WITH THE NEW GOOD YEAR EAGLE TIRES THE VAN DRIVES FINE. THAT SHOULD HAVE BEEN A RECALL. A THIRD: THE LIGHTS AND LEDS OF THE SOUND SYSTEM GO ON AND OFF INTERMITTENTLY. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department  
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**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
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INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

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Date Received  
01-DEC-2000  
Repository   
Reference No.  
737147

**OWNER INFORMATION (Type or Print)**

Name  
Address  
City HOLTSVILLE State NY Zip Code  
Daytime Telephone Number E-mail Address  
Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4N22N11TLX  
Make NISSAN Model QUEST Model Year 1999  
Date Purchased 01-FEB-00 Dealer's Name and Telephone Number  
Engine: No: Cylinders Fuel Type: Gas  
Original Owner  Dealer's City State Zip Code  
Transmission Type  Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS  
 Cruise Control Multiple Failure:

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

Incident Date(s) 26-NOV-2000 Failure Mileage Failure Speed 0

**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 Failure Location:  
 Prior Repair  
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 0 Number of Deaths 0 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).

DRIVER'S SIDE HEADLIGHT GOES ON AND OFF INTERMITTENTLY. NO PATTERN, JUST ON AND OFF. I REPLACED W/NEW BULB, ... STILL HAPPENS.  
WILL TAKE INTO DEALER ASAP. \*AK

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 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.





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**DOT Auto Safety Hotline**  
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1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100145

Date Received  
08-OCT-2003  
Repository   
Reference No.  
10042554

**OWNER INFORMATION (Type or Print)**

Name  
Address  
City BARRINGTON State RI Zip Code

Daytime Telephone Number  
E-mail Address  
Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date: / /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
Make NISSAN Model QUEST Model Year 2000  
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:  
Original Owner  Dealer's City State Zip Code  
Transmission Type  Antilock Brakes Powertrain Vehicle Component Code  
 Cruise Control 121000 EXTERIOR LIGHTING:HEADLIGHTS  
Multiple Failure: 1

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

Incident Date(s) 05-OCT-2003 Failure Mileage Failure Speed

**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: DOTM15ABC036)  Original Equipment Failure Location:  
 Prior Repair  
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 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).

WHILE DRIVING HEADLIGHTS FAILED INTERMITTENTLY. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department  
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**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

FDR AGENCY USE ONLY 100148

Date Received 17-JUL-2003  
Repository   
Reference No. 10028519

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City BETHLEHEM State PA Zip Code \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 7/17/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located at bottom of windshield on driver's side  
4N22N1174Y \_\_\_\_\_ Make NISSAN Model QUEST Model Year 2000  
Date Purchased 26-NOV-02 Dealer's Name and Telephone Number DEICHMAN-WALKER CHEVROLET INC 610-258-2384 Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City EASTON State PA Zip Code 18045  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS  
Multiple Failure: 200

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

Incident Date(s) 11-JUL-2003 Failure Mileage 38000 Failure Speed 0

**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: DOTM19ABCD36)  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 0 Number of Deaths 0 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).

WHILE DRIVING HOME AFTER DARK, I MADE A STOP AND WHEN I GOT BACK IN MY 2000 NISSAN QUEST THE HEADLIGHTS WOULD NOT GO ON. AFTER SEVERAL FAILED ATTEMPTS TO GET THEM TO COME ON AND AFTER LOOKING AT THE LIGHT BULBS AND REALIZING THEY WERE NOT BLOWN OUT, I FINALLY MANAGED TO GET ONE LIGHT ON TO DRIVE THE SHORT DISTANCE HOME. WHEN THE HEADLIGHTS WERE LOOKED AT DURING DAYLIGHT HOURS, WE DETERMINED THAT THE CONNECTORS ON BOTH HEADLIGHTS HAD LITERALLY MELTED AWAY. I'D LIKE TO KNOW, SINCE I'VE SEEN AND HEARD OTHER COMPLAINTS, WHAT NISSAN IS DOING ABOUT THIS. DURING THIS TERRIBLE EXPERIENCE, I HAD THREE CHILDREN IN THE CAR WITH ME. I DON'T FEEL SAFE DRIVING MY MINIVAN AT NIGHT FOR FEAR OF THE HEADLIGHTS BURNING OUT AGAIN, OR WORSE YET, CAUSING A VEHICLE FIRE!!!\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department  
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INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received 11-JUL-2003  
Repository   
Reference No. 10025861

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City KINGSTON State NY Zip Code \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 7/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side \_\_\_\_\_  
Make NISSAN Model QUEST Model Year 2000  
Date Purchased 05-JUL-00 Dealer's Name and Telephone Number KINGSTON JOHNSON NISSAN 845-338-3001 Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City KINGSTON State NY Zip Code 12401  
Transmission Type  Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD  
AUTOMATIC  Cruise Control Multiple Failure: 1

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

Incident Date(s) 10-JUL-2003 Failure Mileage \_\_\_\_\_ Failure Speed \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_ The 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 \_\_\_\_\_ 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).

I HAVE A 2000 NISSAN QUEST, I HAVE HAD TO REPLACE THE CONNECTOR TO THE PASSENGER SIDE HEADLIGHT 3X'S SINCE AUG OF 2002. THE CONNECTOR BURNS OUT. THE MOST RECENT INCIDENT WAS 07/10/03. MY HUSBAND REPLACED THE CONNECTOR AND IT BURNT OUT BY THE NEXT DAY 07/11/03. MY CONCERN IS AN ELECTRICAL FIRE. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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**DOT Auto Safety Hotline**  
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received 21-APR-2003  
Repository   
Reference No. 10017221

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City ROME State GA Zip Code \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date / / \_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4N23N11T6Y \_\_\_\_\_ Make NISSAN Model QUEST Model Year 2000  
Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Transmission Type AUTOMATIC  Antilock Brakes Powertrain \_\_\_\_\_ Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS  
 Cruise Control Multiple Failure: 5

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

Incident Date(s) 09-APR-2003 Failure Mileage 26986 Failure Speed \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

The Make \_\_\_\_\_ The Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/65R15) \_\_\_\_\_  
DOT No. (Example: DOT4ALSABC036)  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 \_\_\_\_\_ 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).

THE HEADLIGHT PLUG TURNED BLACK AND BECAME HOT WHICH CAUSED THE HEADLIGHTS TO BURN OUT FREQUENTLY. \*NLM \*TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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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  
24-DEC-2003  
Repository   
Reference No.  
10051059

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City ACTON State CA Zip Code \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1 / \_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4N20N11T0Y \_\_\_\_\_ Make NISSAN Model QUEST Model Year 2000  
Date Purchased 10-JUN-00 Dealer's Name and Telephone Number ANTELOPE VALLEY NISSAN, INC 661.274-4700 Engine: No. Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City PALMDALE State CA Zip Code 93551  
Transmission Type AUTOMATIC  Anti-lock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS  
Multiple Failure: 2

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

Incident Date(s) 23-DEC-2003 Failure Mileage 71000 Failure Speed \_\_\_\_\_

**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 \_\_\_\_\_ 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).

THE CONNECTION TO THE HEADLIGHT BULB ON MY 2000 NISSAN QUEST IS INTERMITTENT AND THE HEADLIGHTS GO OUT. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department  
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National Highway  
Traffic Safety  
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**DOT Auto Safety Hotline**  
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To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100248

Date Received 16-DEC-2003  
Repository   
Reference No. 10050580

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City ROCKINGHAM State NC Zip Code \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4N2XN11T21 \_\_\_\_\_ Make NISSAN Model QUEST Model Year 2000  
Date Purchased 10-JUN-00 Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
Vehicle Component Code 06000 ENGINE AND ENGINE COOLING  
Multiple Failure: 2

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

Incident Date(s) 14-DEC-2003 Failure Mileage 48000 Failure Speed 55

**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 \_\_\_\_\_ 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).

HEATER COIL FAILED, LEAKING COOLANT INSIDE OF THE VEHICLE. HEADLIGHTS FAIL WHILE DRIVING. GAS PEDAL BINDS CAUSING SUDDENING ACCELERATION. SEATBELT FAILS TO CONNECT FULLY.\*AX

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received 07-DEC-2003  
Repository   
Reference No. 1004937B

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City RALEIGH State NC Zip Code \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side \_\_\_\_\_  
Make NISSAN Model QUEST Model Year 2000  
Date Purchased 01-SEP-02 Dealer's Name and Telephone Number \_\_\_\_\_  
Engine: No: Cylinders \_\_\_\_\_ Fuel Type: Gas  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain \_\_\_\_\_ Vehicle Component Code 121000 EXTERIOR LIGHTING:HEADLIGHTS  
Multiple Failure: 3

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

Incident Date(s) 01-OCT-2003 Failure Mileage \_\_\_\_\_ Failure Speed \_\_\_\_\_

**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 0 Number of Deaths 0 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).

GAS PEDAL STICKS CAUSING THE VAN TO LURCH FORWARD. HEADLIGHT SOCKET HAS BEEN REPLACED ONCE AND AGAIN HAS OVERHEATED AND "FRIED" INSIDE COMPONENT SO LIGHT BULB WILL NOT WORK. SWITCH ON DRIVER SIDE WINDOW IS NO LONGER OPERABLE. \*1A

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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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  
07-DEC-2003

Repository

Reference No.  
10049356

OWNER INFORMATION (Type or Print)

Name

Address

City COSTA MESA

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4N2DN11T1V

Make  
NISSAN

Model  
QUEST

Model Year  
2000

Date Purchased  
26-SEP-00

Dealer's Name and Telephone Number  
BILL

Engine:  
No. Cylinders

Fuel Type:

Original Owner

Dealer's City  
HUNTINGTON BEACH

State  
CA

Zip Code

Transmission Type  
AUTOMATIC

Anti-lock Brakes  
 Cruise Control

Powertrain

Vehicle Component Code  
121000 EXTERIOR LIGHTING:HEADLIGHTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)  
10-SEP-2003

Failure Mileage  
23000

Failure Speed  
35

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes  No

Yes  No

2

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).

WHILE DRIVING HEADLIGHTS FAILED. CONNECTOR PROBLEMS. \*LA

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1368

Date Received  
19-NOV-2003  
Repository   
Reference No.  
1D048319

**OWNER INFORMATION (Type or Print)**

Name  
Address  
City HUSTONVILLE State KY Zip Code

Daytime Telephone Number  
Evening Telephone Number  
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 11/19/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4N2XN11T7  
Make NISSAN Model QUEST Model Year 2000  
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:  
Original Owner Dealer's City State Zip Code  
Transmission Type  Antilock Brakes Powertrain Vehicle Component Code  
 Cruise Control 121000 EXTERIOR LIGHTING:HEADLIGHTS  
Multiple Failure: 1

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

Incident Date(s) 15-NOV-2003 Failure Mileage 4377 Failure Speed

**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: DOTMALSABC036)  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 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(s), parts repaired or replaced (and if old part is available).

WHILE DRIVING HEADLIGHTS INTERMITTENTLY FAILED. DEALERSHIP/MECHANIC INFORMED THE CONSUMER THAT THE PROBLEM WAS CAUSED BY THE ELECTRICAL WIRING SYSTEM. THE PROBLEM HAD NOT BEEN RESOLVED.\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

**DOT Auto Safety Hotline**  
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1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received  
31-OCT-2003  
Repository   
Reference No.  
10045154

**OWNER INFORMATION (Type or Print)**

Name  
Address  
City ATINSON State NH Zip Code

Daytime Telephone Number  
Evening Telephone Number  
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
4N2JN11T1Y  
Make NISSAN Model QUEST Model Year 2000  
Date Purchased 01-NOV-00 Dealer's Name and Telephone Number ROCKINGHAM NISSAN Engine: No. Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City SALEM State NH Zip Code  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS Multiple Failure: 1

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

Incident Date(s) 15-FEB-2002 Failure Mileage 50000 Failure Speed

**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 \_\_\_\_\_ 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).

**FAULTY HEADLIGHT ASSEMBLY:**

THE HEADLIGHT ASSEMBLY IN THE VAN MELTED DUE TO HEAT AND CORROSION.  
THE PARTS DEPARTMENT OF THE DEALERSHIP INFORMED ME THAT HE HAD SEEN LOTS OF THIS PROBLEM AND ALWAYS OVERSTOCKED THIS PART.  
DEALER STATED THAT I MUST HAVE NOT REPLACED THE BOOT COVERING CORRECTLY AND IT WAS NOT NISSANS FAULT I HAD TO PAY FOR THE REPLACEMENT. IT HAPPENED AGAIN I GOT THE SAME ANSWER. NOT NISSANS FAULT. \*1A

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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