



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

## ODI RESUME

Investigation: EA 05-012  
Prompted By: PE05-019  
Date Opened: 08/19/2005  
Principal Investigator: Cynthia Glass  
Subject: Finger Pinch Point

Manufacturer: Nissan North America, Inc.  
Products: 2004 Nissan Quest  
Population: 65,522

Problem Description: Consumers allege injuries to the finger while adjusting the second row seat.

### FAILURE REPORT SUMMARY

	ODI	Manufacturer	Total
Complaints:	5	12	11
Crashes/Fires:	0	0	0
Injury Incidents:	5	12	11
# Injuries:	5	12	11
Fatality Incidents:	0	0	0
# Fatalities:	0	0	0
Other*:	0	0	0

\*Description Of Other:

Action: This engineering analysis has been opened.

Engineer: Cynthia Glass CG  
Div. Chief: Thomas Z. Cooper  
Office Dir.: Kathleen C. DeMeter

Date: 08/19/2005  
Date: 08/19/2005  
Date: 08/19/2005

Summary: ODI has received five reports alleging that the consumer was injured using the vehicle's second-row seat release lever to fold the second row seat. Nissan states, "...the customer operation of the lever in some cases and subsequent orientation of their fingers is different than expected." Nissan also reported additional complaints for a total of 11 injuries. Nissan modified the lever for production twice. The latest (second modification) design provides a larger sized handle that contains a "cup" into which the seat occupant can place their fingers to operate the adjustment lever. Nissan reports no injuries associated with the "cup" design lever. Beginning June 2004, Nissan initiated a "customer satisfaction initiative" that included replacing the original design handle with the first modification handle (this is not the "cup" design handle mentioned above). The investigation has been upgraded to an engineering analysis to allow further analysis of the issue.

CG 19 AUG 05



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

30-APR-2005

Repository ☐

Reference No.  
10118747

**OWNER INFORMATION (Type or Print)**

Name

Address

City

ANNAPOLIS

State

MD

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 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
5N1BV28U8

Make  
NISSAN

Model  
QUEST

Model Year  
2004

Date Purchased  
06-SEP-03

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  
222000 SEATS: MED/REAR ASSEMBLY

Multiple Failures: 1

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

Incident Date(s)  
27-APR-2005

Failure Mileage  
33000

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: DOTM15ABC036)

☐ 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

1

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).


SECOND ROW BUCKET SEAT CAUGHT MY RIGHT RING FINGER IN THE FORWARD/BACK MECHANISM. MY FINGER WAS NEARLY SEVERED AT THE FINGERNAIL WHICH RESULTED IN A BROKEN BONE IN THE TIP OF MY FINGER AND 3 STITCHES IN THE EMERGENCY ROOM. \*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.

DOB: 8/14/2003

 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> 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 16-MAR-2005	Repository <input type="checkbox"/> Reference No. 10114164
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	
Address		E-mail Address	
City KISSIMMEE	State FL	Zip Code	Evening Telephone Number
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 5N1BV2BU64		Make NISSAN	Model QUEST
Date Purchased 11-JUL-04	Dealer's Name and Telephone Number		Model Year 2004
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Fuel Type: Gas
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Engine: No. Cylinders 6 Vehicle Component Code 221600 SEATS: FRONT ASSEMBLY: POWER ADJUST Multiple Failure: 1
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Incident Date(s) 11-JUL-2004	Failure Mileage 0	Failure Speed 0	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code			Tire Failure Type
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)			
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 Deaths 0
		Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(es). 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). WE REPRESENT A GENTLEMAN THAT PURCHASED A 2004 NISSAN QUEST MINIVAN. WHILE SITTING IN THE MIDDLE BUCKET SEAT, HE ATTEMPTED TO SLIDE THE SEAT BACK TO SHOW HIS FAMILY HOW TO DO IT. IN RAISING THE LEVER ON THE SIDE OF THE SEAT, THERE IS AN EXTREMELY LARGE OPENING (WHERE THE NATURAL CURVATURE OF AN ADULT'S FINGERS 'FIT') WHICH ACTS AS A VICE. HE ENDED UP WITH A SEVERED FINGER TIP. APPARENTLY THE 2005 MODEL HAS BEEN 'CHANGED.' HOWEVER, THE 2004 IS THE SAME ON EVERY ONE THAT I SEE. IT CAN BE DEMONSTRATED BY PUTTING A PENCIL IN AND SLIDING THE SEAT BACK. IT OBVIOUSLY SNAPS IN HALF WITH EASE. IT IS A VERY DANGEROUS CONDITION. UNKNOWN IF ANY OTHER INJURIES TO OTHER INDIVIDUALS REPORTED. *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 responses 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.			

DOB: 9/2/2003



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

FOR AGENCY USE ONLY 100148

Date Received

29-JUL-2004

Repository ☐

Reference No.  
10082935

**OWNER INFORMATION (Type or Print)**

Name

Address

City

DOWNEY

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 7/1/04

**VEHICLE INFORMATION**

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

5N1BV2BU240000000

Make

NISSAN

Model

QUEST

Model Year

2004

Date Purchased  
29-SEP-03

Dealer's Name and Telephone Number  
CERRITOS NISSAN 562 402-2277

Engine:  
No. Cylinders 6

Fuel Type:  
Gas

Original Owner  
☒

Dealer's City  
CERRITOS

State  
CA

Zip Code  
90703-5331

Transmission Type  
AUTOMATIC

☒

Antilock Brakes

☒

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code  
220000 SEATS

Multiple Failure: 1

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

Incident Date(s)  
01-MAY-2004

Failure Mileage  
9375

Failure Speed  
10

**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: DOTM18ABC036)

☐ 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

1

Number of Deaths

0

Reported to Police

Y

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 MOVING THE SECOND ROW, PASSENGER SEAT, BEHIND THE DRIVER, MY RIGHT-HAND, PINKY FINGERTIP WAS AMPUTATED. I WAS RUSHED TO EMERGENCY AND THEY COULD NOT REATTACH IT. I HAVE A 12 YEAR-OLD CHILD AND I AM CONCERNED THAT THIS COULD HAPPEN TO HIM OR ANOTHER PASSENGER OR YOUNGER CHILD. THIS HAS BEEN A HORRIFIC EXPERIENCE FOR MY ENTIRE FAMILY AND MYSELF PARTICULARLY BECAUSE THIS SHOULD NOT HAVE HAPPENED WHILE MOVING A SEAT. THERE IS A DEFINITE DESIGN FLAW THAT NEEDS TO BE CORRECTED. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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DOB: 8/2/2003



U.S. Department  
of Transportation  
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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 100148

Date Received

20-DEC-2003

Repository ☐

Reference No.  
10050638

**OWNER INFORMATION (Type or Print)**

Name

Address

City

PLANTATION

State

FL

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  
5N1BV28UX

Make  
NISSAN

Model  
QUEST

Model Year  
2004

Date Purchased  
14-DEC-03

Dealer's Name and Telephone Number  
WESTON NISSAN-VOLVO 954-888-6850

Engine:  
No. Cylinders 6

Fuel Type:  
Gas

Original Owner  
☒

Dealer's City  
DAVIE

State  
FL

Zip Code  
33331

Transmission Type  
AUTOMATIC

☒ Anti-lock Brakes  
☒ Cruise Control

Powertrain  
UNKNOWN

Vehicle Component Code  
220000 SEATS

Multiple Failure: 1

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

Incident Date(s)  
14-DEC-2003

Failure Mileage  
40

Failure Speed  
0

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

The Make

Tire Model (Name or Number)

The 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

1

Number of Deaths

0

Reported to Police

Y

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).

A SERIOUS BUT NON LIFE THREATENING INJURY OCCURRED TO THE VICTIM'S RIGHT RING FINGER, CUTTING THROUGH THE NAIL AND NEARLY SEVERING THE FINGERTIP. EMERGENCY MEDICAL ATTENTION WAS REQUIRED. WHILE ATTEMPTING TO SLIDE THE 2ND ROW DRIVERS SIDE SEAT FORWARD, THE SUBJECT FINGER WAS CRUSHED/CUT BY THE SEAT SUPPORT MECHANISM. THE SUBJECT'S HAND WAS ON THE REQUIRED LEVER IN A NORMAL FASHION, A WAY IN WHICH NO INJURY WOULD BE EXPECTED. A DESIGN FLAW IN THE PLASTIC PROTECTIVE COVER ALLOWS FOR FINGERS TO BE IN DANGER. A SMALLER FINGER, SUCH AS A CHILD'S, MIGHT HAVE BEEN COMPLETELY SEVERED. NISSAN NEEDS TO PROVIDE A FIX TO THIS DESIGN FLAW TO AVOID FURTHER AND MORE SERIOUS INJURIES FROM OCCURRING. \*1A

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOB: 9/10/2003



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

01-FEB-2005

Repository ☐Reference No.  
10108368**OWNER INFORMATION (Type or Print)**

Name

Address

City

WEST CHESTER

State

OH

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

5N1BV28U7

Make

NISSAN

Model

QUEST

Model Year

2004

Date Purchased  
24-FEB-04Dealer's Name and Telephone Number  
JEFF WYLER NISSANEngine:  
No: Cylinders

Fuel Type:

Original Owner  
☒Dealer's City  
FAIRFIELDState  
OH

Zip Code

Transmission Type

☐ Antilock Brakes☐ Cruise Control

Powertrain

Vehicle Component Code

220000 SEATS

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
18-SEP-2004Failure Mileage  
8000

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: DOTM19A8C036)

☐ 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

1

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 ATTEMPTING TO MOVE THE PASSENGER SIDE SECOND-ROW SEAT BACK, I REACHED AROUND THE SEAT TO GRAB THE LEVER, AND MY PINKIE FINGER WAS CAUGHT IN THE SEAT MECHANISM. AT THE EMERGENCY ROOM, THEY DETERMINED THAT I HAD BROKEN MY FINGER AND MY NAIL HAD TO BE REMOVED BECAUSE IT HAD BEEN SLICED THROUGH. I HAVE LASTING NERVE DAMAGE AND THE BONE HAS NOT HEALED CORRECTLY. I WROTE A LETTER TO NISSAN DETAILING THIS EXPERIENCE - I AM VERY CONCERNED ABOUT THE SAFETY OF MY CHILDREN IN THIS CAR AND AM AFRAID TO TRY TO USE ANY OF THE SEAT LEVERS AGAIN. HOWEVER, NISSAN HAS NOT RESPONDED, AFTER FOUR MONTHS. THIS DEFECT NEEDS TO BE FIXED. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOB: 1/27/2004