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

RECEIVED
03 FEB 25 AM 6:06
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 100079

Date Received: 23-JAN-2003

Repository ☐

Reference No. 10004502

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City MISSOURI CITY | State TX | Zip Cod[redacted]

Daytime Telephone Number [redacted] | 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 [redacted] Date 2-11-03

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1N4AB41D5SC[redacted]	NISSAN	SENTRA	1995

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
9/95	David McDavid			No. Cylinders 4	
Original Owner ☒	Dealer's City Houston	State TX	Zip Code		

Transmission Type			Vehicle Component Code
Automatic	☐ Antilock Brakes ☐ Cruise Control	Powertrain	141000 AIR BAGS:FRONTAL
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~23-JAN-2003~~ 20-JAN-2003		35[redacted] 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: DOTMAL9ABC036)	☐ 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	0	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).

CONSUMER STATES WHILE DRIVING AT THE SPEED OF 35MPH, WAS INVOLVED IN A FRONTAL COLLISION, NEITHER THE AIR BAG DEPLOYED. DEALER AND MANUFACTURER HAS BEEN NOTIFIED. IF YOU HAVE ANY ADDITIONAL INFORMATION FEEL FREE TO ADD. TS

Front & rear collision. speed was approx. 35 mph

Car was totaled (as per insurance company)

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