



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 100079

Date Received  
2003 OCT 15 AM 9:00  
01-JUL-2003

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**OWNER INFORMATION (Type or Print)**

Name  
Address  
City GRAND ISLAND 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?  
In the absence of a signature, your name or address to the vehicle manufacturer.  
Signature of Owner  YES  NO  
Date 9/20/03

**VEHICLE INFORMATION**

Vehicle Identification Number (VIN) JN1CA21B6TT  
Make NISSAN Model MAXIMA Year 1996  
Date Purchased 12-20-01 Dealer's Name and Telephone Number Herrlich - 302-734-7505  
Original Owner  NO Dealer's City Dover State DE Zip Code 19901  
Engine No: Cylinders 6  
Transmission Type auto  
 Antilock Brakes  Powertrain ?  
 Cruise Control  
Vehicle Component Code 141000 AIR BAGS:FRONTAL  
Multiple Failures: 1

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

Incident Date(s) 03-JUL-2000 5-14-2003  
Failure Mileage 135,000  
Failure Speed 40 MPH  
Excessive volume (decimals) deployment leading to permanent nerve hearing loss

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

Tire Make The Model (Name or Number) The Size (Example P215/65R15)  
DOT No. (Example: DOTM15ABC135)  Original Equipment  Prior Repair Failure Location  
Tire Component Code The 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  Yes

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 (ie, parts repaired or replaced (and if old part is available)).

WHILE DRIVING AT 25 MPH BOTH AIR BAGS DEPLOYED WITH EXCESSIVE FORCE FROM THE AIR BAG DEPLOYMENT CAUSE HEARING DEAFENED IN BOTH EARS  
I crashed my vehicle at 25 mph in a single car accident. Both air bags deployed with such intensity that I lost over 60% of my hearing in my right ear which previously had 100% hearing. I must now wear a digital hearing aid (value \$2700). I also had to install phones in my home for the hearing impaired. Without my hearing aid, advanced volume ring, I would not hear either the phone ringing or the door bell. I may also need a guide/service car repaired/air bags replaced. Old parts scrapped.

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 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 enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.