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

2003

FOR AGENCY USE ONLY 100147

Date Received: JUL 25 AM (25-JUL-2003)

Repository ☐

Reference No. 10026712

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City RIVERDALE | State GA | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

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 [redacted] *ovide your name or address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 7/14/03

VEHICLE INFORMATION

[redacted]

Make	Model	Model Year
NISSAN	ALTIMA SL	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
7-22-02	United Nissan - 770-968-1360	4	

Original Owner	Dealer's City	State	Zip Code
☒	MORROW, GA	GA	30294

Transmission Type		Powertrain	Vehicle Component Code
2.5 LFI	☒ Antilock Brakes ☒ Cruise Control		141000 AIR BAGS: FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
6-29-03	27,830	50 mph	Air Bag failed to Deploye

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: DOTHALBABC036)	☐ 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	1	0	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; i.e, parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT WHILE DRIVING AT 50MPH. VEHICLE WAS IN A HEAD ON COLLISION. CONSUMER STATES THAT BOTH FRONT AIRBAGS DID NOT DEPLOY. DEALER NOTIFIED.*AK
yes

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Owner traveling approx 45-50 mph other party pulls from side road into path of owner hit was to owners front end airbags did not deploy owner sustained injuries vehicle was towed from scene.

Copy of Police report attached

Est.

photos -

Owner Reported incident to Nissan of North America. no resolution as of yet.

Called United Nissan where I purchased

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 72173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

US Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/ODI

my vehicle spoke w/ Dan @ Service Dept. at 770-968-1360 I was told there is no Recall on my vehicle.

[redacted]

Riverdale, GA [redacted]

ChoicePoint Police Records
P.O.Box 4000
Norcross, GA 30091-4000
Phone 1.800.834.9696 Fax 1.800.834.8449
Email customerservice@policerecords.com

CLIENT: SF5211
DIVISION: 127659932CG
ADJUSTER: HFVP
CLAIM: 11-4129-726

Report Found
Page Count 5

Transaction #: 9086678/2
Date : 07/02/2003

Your file No: 11-4129-726
Date of Loss: 6/28/03
Street: I-85 NORTH
City: ATLANTA
County: FAYETTE
State: GA

Investigating Agency: FAYETTEVILLE PD

Report Number: 030004994

Report Type: A - Auto Accident

Party1: [redacted]

Party2:

Car: Make: Year:
Tag:

Driver License:

Other:

Other2:

PRAC
183

RECEIVED TIME JUL. 7. 4:27PM PRINT TIME JUL. 7. 4:29PM

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA 30371-2362

Accident Number	Agency NCIC No.	GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT	County	Date Rec. By DPS
030606994	GA0560100		FAYETTE	

Date	Day Of Week	Time	Off. Arrived	Total Vehicles	Total Number Of Injuries	Total Number Of Fatalities	Fatality City Or:
06/22/2003	Sun M T W Th F S	1648	1650	2	1	0	FAYETTEVILLE

Road of Occurrence: GA HWY 85 N — 1 Interstate 2 Lowest St. Nr. 3 Co. Road 4 City St. — At Its Intersection With: NORTH 85 HWY — 1 Interstate 2 Lowest St. Nr. 3 Co. Road 4 City St.

Not At Its Intersection But: [ ] Miles 1 North 2 East 3 West 4 South — Of: — 1 Interstate 2 Lowest St. Nr. 3 Co. Road 4 City St. 5 Co. Line

And Continuing In the Direction Checked Above The Next Reference Point Is: 1 Interstate 2 Lowest St. Nr. 3 Co. Road 4 City St. 5 Co. Line

Corrected Report Yes [ ] — Suppl. To Original Yes [ ]

Driver #	Last Name	First	Middle
1	[redacted]		

Ped [ ] — [redacted]

City	State	Zip	DOB
[redacted]	GA	[redacted]	[redacted]

Driver's License No.	Class	State	Male / Female
[redacted]	D	GA	[X] Male [ ] Female

Posted Speed	Insurance Co.	Policy No.
55	[redacted]	[redacted]

Year	Make	Model	Telephone No.
1998	NISSAN	MAXIMA	[redacted]

VIN	Vehicle Color
[redacted]	BLACK

Vehicle #	State	County	Year
[redacted]	GA	FAYETTE	2003

Trailer Tag # — State — Country — Year

[ ] Same as Driver — Owner's Last Name — First — Middle

Address: [redacted]

City: [redacted] — State: GA — Zip: [redacted]

Reviewed By: [redacted] — [X] Required [ ] Use

FAYETTE VERIFIED

Alcohol Test 1	Type	Results	Drug Test 1	Type	Results

Driver Condition 1	Direction of Travel 4	Vision Obscured 1	Contributing Factors 1	2
Vehicle Condition 1	Vehicle Movement 1	Pedestrian Maneuver		

Most Harmful Event 12	Vehicle Class 1	Vehicle Type 1
Traffic Control 5	Device Inoperative?	[ ] Yes [X] No

Injured Taken To — By:

EMS Notified Time — EMS Arrival Time — Hospital Arrival Time — Medics Taken? [ ] Yes [X] No — By:

Report By:	Department	Report Date	Checked By:	Date Checked
[redacted] 1228	FAYETTEVILLE PD	06/23/2003	[redacted]	1308 06/23/2003

Witness(es): Name — Address — City — State — Zip Code — Telephone No.

DPS MICROFILM NUMBER DO NOT WRITE IN THIS SPACE!

Carrier Name / Vehicle #			
Address			
City	State	Zip	

Number of Axles	G.V.W.R.	Fed. Reportable 1 Yes 2 No	Cargo Body Type

Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate Intrastate

C.D.L.? 1 Yes 2 No — C.D.L. Suspended? 1 Yes 2 No

Vehicle Placarded? 1 Yes 2 No — Hazardous Materials? 1 Yes 2 No — Released? 1 Yes 2 No

If YES, Name or 4 Digit Number from Diamond or Box: — 1 Digit Number from Bottom of Diamond:

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss Or Shift ___ Separation of Units

Carrier Name / Vehicle #			
Address			
City	State	Zip	

Number of Axles	G.V.W.R.	Fed. Reportable 1 Yes 2 No	Cargo Body Type

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MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

REMARKS   PAGE ______ OF ______

See Attached Narrative

INDICATE ON THIS DIAGRAM WHAT HAPPENED   INDICATE NORTH

REFER TO ATTACHED DIAGRAM

Accident Investigation Site? ☐ Yes ☒ No
Site Number:

CITATIONS - VEHICLE # 1
40-6-71

CITATIONS - VEHICLE # 2

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character
11	2	1	1	1	1	1	2	1	1

	VEH. # 1	VEH. # 2
Number of Occupants	1	1
Point Of Initial Contact	9	12
Damage To Vehicles	4	4

SKID DISTANCE BEFORE IMPACT: VEH#. 1 ______ ; VEH#. 2 44
AFTER: VEH#. 1 ______ ; VEH#. 2 ______
Width Of Road: 24

Damage Other Than Vehicle: NONE   Owner:

Occupants	AGE	SEX	VEH NO.	POS	INJURY	TAKEN FOR TRMNT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
Driver # 1 Or Pedestrian #	[redacted]				0	1	1	1	2	2
Driver # 2 Or Pedestrian #					4	1	1	1	1	2
Last Name / First / Address / City / State / Zip: [illegible] GA [illegible]	14	M	1	3	0	1	1	1	2	2

Fayetteville Police Department
Case # 030604994
Francis, J 1228
Remarks

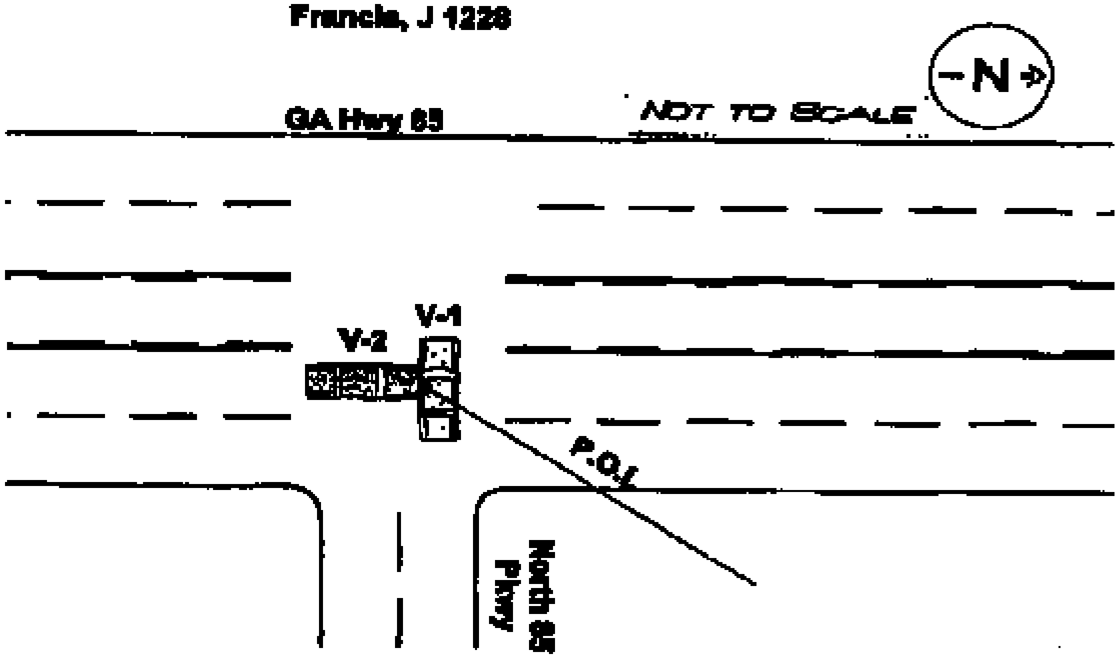
Vehicle # 2 [redacted] was traveling north on Hwy 85 when vehicle # 1 [redacted] who was traveling west on North 85 Pkwy crossed over Hwy 85 in front of vehicle # 2 causing vehicle # 2 to strike vehicle # 1.

Vehicle # 1 driver advised while traveling west on North 85 Pkwy he was trying to get across Hwy 85 and travel south bound. Vehicle # 1 driver advised he pulled out from North 85 Pkwy and vehicle # 2 struck him on the driver's side.

Vehicle # 2 driver advised that while traveling north on Hwy 85 in the inside lane vehicle # 1 pulled out from North 85 Pkwy, causing her to strike vehicle # 1 on the driver's side.

There was no other information available at the time of this report. EOR

Fayetteville Police Department
Case # 030604984
Francis, J 1228



THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).