



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-3-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FDR AGENCY USE ONLY 100079

Date Received: SEP 05 AMG-2003 2:00:11:03
Repository
Reference No. 10032067

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: WEYMOUTH State: MA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]
E-mail Address: [REDACTED]

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: 4A3AJ46G5TE [REDACTED]
Make: ISSAN Model: SENTRA Model Year: 2002

Date Purchased: 12/17/01 Dealer's Name and Telephone Number: COASTAL N-SSAN 781-383-0095
Engine: No. Cylinders: 4 Fuel Type: [REDACTED]

Original Owner: Dealer's City: COHASSET State: MA Zip Code: 01925

Transmission Type: AUTO
 Antilock Brakes
 Cruise Control
Powertrain: [REDACTED]
Vehicle Component Code: 140000 AIR BAGS
Multiple Failure: [REDACTED]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 05-AUG-2003 Failure Mileage: 26,120 Failure Speed: 50-55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM123ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

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; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING T AT 50MPH ON THE HIGHWAY HIT A TABLE DROP OUT BY ANOTHER VEHICLE, CONSUMER LOST CONTROL, HIT THE GUARDRAIL. UPON IMPACT, NEITHER OF THE AIR BAGS DEPLOYED. DEALER NOTIFIED. *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.



Massachusetts State Police
Crash Report

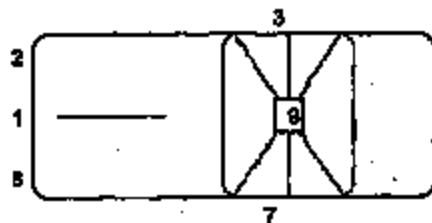
Incident No.: 2003-0A1-0615 Activity No.: 0A1-TR-03-007591 Crash Date: 5/21/03 A-1
 Crash Time: 12:48:00 PM Rte. 125
 Officer Information: 2766 Murphy, Michael P Author Date: 6/1/03 Andover 01510

Entity Information:

Vehicle No.: 1 Insurance Co.: Commerce Insurance
 Travel Direction: N No. Occupants: 1 Cruiser No.:
 Trucks/Bus: No Hit Run: No Moped: No
 Reg No.: 810JLH Reg Type: PASSENGER NORMAL Reg State: MA
 Year: 2002 Make: Nissan Veh Config.: Passenger car

Owner Information:

CLOONEY, [REDACTED] North Weymouth MA [REDACTED] Veh. Maneuver: Traveling Straight ahead



Damaged Area:
 1 2 3
 10 Undercarriage
 11 Totaled
 Towed: Yes
 Driver Contributing: No Improper Driving
 Most Harmful: Motor vehicle in traffic
 Undercarriage/Override: None
 Event Seq.: Other Movable Object
 Motor vehicle in traffic
 Guardrail

Truck/Bus Information:

Driver Information:

Lic. No.: [REDACTED] State: MA Class: D Restriction: CDL
 Driver: [REDACTED] DOB: [REDACTED] Gender: Male SBTN: 08A1200302740
 Address: [REDACTED] North Weymouth MA [REDACTED]

Violation 1: Violation 2: Violation 3: Violation 4:

Occupant Information:

Person Type: Driver SBTN: 08A1200302740
 Name: [REDACTED] DOB: [REDACTED] Age: 55 Gender: M
 Address: [REDACTED] North Weymouth MA [REDACTED]
 Seating Position: Front seat - left side Ejection: Not ejected
 Protection Used: Shoulder and lap b Trapped: Freed by mechanic
 Air Bag Deployed: Not deployed Injury Status: Non-Incapacitating
 Air Bag Switch Status: Unknown if switch I Transported By: EMS Medical Facility: Lahey Clinic



Massachusetts State Police
Crash Report

Crash Narrative:

VEHICLE 1 WAS TRAVELING IN 3RD LANE OF ROUTE 93 NORTHBOUND SOUTH OF EXIT 38 IN THE TOWN OF WILMINGTON AT AN UNKNOWN SPEED. VEHICLE 2 WAS TRAVELING IN THE RIGHT LANE OF ROUTE 93 NORTHBOUND SOUTH OF EXIT 38 AT AN OPERATOR STATED SPEED OF 50-55 MPH. AT THIS TIME, VEHICLE 1 STRUCK A TABLE IN THE ROADWAY WHICH WAS DROPPED BY AN UNKNOWN VEHICLE. VEHICLE 1 THEN TURNED THE VEHICLE TO THE RIGHT AND TRAVELED ACROSS 2ND LANE INTO RIGHT LANE. VEHICLE 2 COULD NOT STOP IN TIME TO AVOID A COLLISION AND STRUCK THE PASSENGER SIDE OF VEHICLE 1. THIS IMPACT CAUSED VEHICLE 1 TO SPIN AROUND THE FRONT OF VEHICLE 2 AND BECOME WEDGED BETWEEN VEHICLE 2 AND THE GUARDRAIL. OPERATOR 1 BECAME TRAPPED IN VEHICLE AND WAS EXTRICATED BY WILMINGTON FIRE AND RESCUE. HE WAS THEN TRANSPORTED TO LAHEY CLINIC BURLINGTON WITH NON LIFE-THREATENING INJURIES. BOTH VEHICLES WERE TOWED BY A&S TOWING. VEHICLE 2 WAS ALSO TOWING A TRAILER WITH A MASS. REGISTRATION OF 15159 WHICH WAS DAMAGED.

