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|--|---|---|---|-----------------------------------|--------------------------|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>  |   | <p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire<br/>To Report Vehicle Safety Defects</p> <p>1-888-DASH-2-DOT<br/>(1-888-327-4236)      12/1/03<br/>INTERNET: www.nhtsa.dot.gov, hotline</p> |   | <p>FOR AGENCY USE ONLY 100192</p> |                          |
|  |   | <p>Date Received<br/>12/1/03</p>  | <p>Repository <input type="checkbox"/></p>                                    | <p>Reference No.<br/>10047958</p> |                          |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>  |   |   |   |                                   |                          |
| Name   |   | Address   |   | Daytime Telephone Number          | E-mail Address           |
| City<br>ATLANTA  |   | State<br>GA   | Zip Code  |                                   | Evening Telephone Number |
| <p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date 12/1/03</p>   |   |   |   |                                   |                          |
| <p><b>VEHICLE INFORMATION</b></p>  |   |   |   |                                   |                          |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>JN1DA31A43T408675   |   | Make<br>NISSAN  | Model<br>MAXIMA   | Model Year<br>2003                |                          |
| Date Purchased   | Dealer's Name and Telephone Number<br>TRONCETTI NISSAN                      |   | Engine:<br>No. Cylinders<br>6   | Fuel Type:                        |                          |
| Original Owner<br><input checked="" type="checkbox"/>  | Dealer's City<br>DECATUR  | State<br>GA   | Zip Code  |                                   |                          |
| Transmission Type  | <input checked="" type="checkbox"/> Antilock Brakes                         | Powertrain<br>AUTO  | Vehicle Component Code<br>141200 AIR BAGS:FRONTAL:DRIVER SIDE INFLATOR MODULE |                                   |                          |
|  | <input checked="" type="checkbox"/> Cruise Control                          |   | Multiple Failures: 1  |                                   |                          |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>  |   |   |   |                                   |                          |
| Incident Date(s)<br>11/31/03   | Failure Mileage<br>17000  | Failure Speed<br>70   |   |                                   |                          |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>   |   |   |   |                                   |                          |
| Tire Make  |   | Tire Model (Name or Number)   |   | Tire Size (Example P215/B5R15)    |                          |
| DOT No. (Example: DOTM19ABC036)  |   | <input type="checkbox"/> Original Equipment   | Failure Location:   |                                   |                          |
|  |   | <input type="checkbox"/> Prior Repair   |   |                                   |                          |
| Tire Component Code  |   |   | Tire Failure Type   |                                   |                          |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>   |   |   |   |                                   |                          |
| Make:  |   | Date Manufactured:  | Model No./Name:   |                                   |                          |
| Seat Type:   |   | Installation System:  |   |                                   |                          |
| Child Seat Component Code:   |   | Failed Part:  |   |                                   |                          |
| <p><b>APPLICABLE INCIDENT INFORMATION</b><br/>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>   |   |   |   |                                   |                          |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured   | Number of Deaths  | Reported to Police<br>N           |                          |
| <p>Narrative Description of Incident(s), Crash(es), and Injury(ies).<br/>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;<br/>i.e., parts repaired or replaced (and if old part is available).</p>  |   |   |   |                                   |                          |
| <p>PASSENGER'S SIDE FRONT AIR BAG DEPLOYED WHILE DRIVING AT APPROXIMATELY 70 MPH. VEHICLE WAS NOT IN AN ACCIDENT. *AK</p> <p><u>PASSENGER SIDE AIR BAG DEPLOYED.</u></p>   |   |   |   |                                   |                          |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span></p>   |   |   |   |                                   |                          |
| <p>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 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 responses, or a statistical summary thereof, may be used in support of the agency's action.</p> |   |   |   |                                   |                          |