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 100216

Date Received	Repository
24-AUG-2004	Reference No. 10089655

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City LITHIA / State FL / Zip Code		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 9/1/04

VEHICLE INFORMATION Serial No JN1GB2280

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1N4AB41D31C	SAN	SENTRA	1995

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
	LAKELAND NISSAN	4	unleaded

Original Owner [X]	Dealer's City	State	Zip Code
	LAKELAND	FL	33801

Transmission Type	[ ] Antilock Brakes	Powertrain	Vehicle Component Code
AUTOMATIC ✓	[ ] Cruise Control		141000 AIR BAGS:FRONTAL

Multiple Failure: 1 blowout and A FRAME pushed down

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
23-AUG-2004		30	air bags deployed when I had a right Front tire blowout going 30 miles

Sears ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE New Tires

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
GOODYEAR MAV III		P185 70R13

DOT No. (Example: DOTMAL9ABC036)	[ ] Original Equipment [ ] Prior Repair	Failure Location:
		on side of Tire

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 [ ] Yes [X] No	Fire [ ] Yes [X] No	Number of Persons Injured	Number of Deaths	Reported to Police
blowout		1	0	N

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).

with a right front blowout

WHILE DRIVING 30 MPH BOTH FRONTAL AIR BAGS DEPLOYED UNEXPECTEDLY. THIS CAUSED THE DRIVER TO SUSTAIN MAJOR INJURIES, AND WAS TRANSPORTED TO A HOSPITAL BY AMBULANCE. VEHICLE WAS TOWED HOME. THE CAUSE HAD NOT BEEN DETERMINED AT THIS TIME.*AK My daughter carried me To Hospital. I had injuried To my left arm and had two broke bones in my left hand and 2 fingers Hillsborough Sheriff Dept was called you can check with Them for a report,

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