



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 252

Date Received

2004 REC - 2
28-OCT-2004

Repository

Reference No.
10096983

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MONROVIA State: CA Zip Code: [REDACTED]

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

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: 3N1CB61D03L [REDACTED]
Make: NISSAN Model: SENTRA Model Year: 2003

Date Purchased: _____ Dealer's Name and Telephone Number: 626-305-3000
Engine: No. Cylinders: 4 Fuel Type: Gas

Original Owner: Dealer's City: DUARTE State: CA Zip Code: 91010

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: C36000 SERVICE BRAKES, HYDRAULIC; ANTILOCK
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 28-OCT-2004 Failure Mileage: _____ Failure Speed: _____

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: DOTM19ABC036): _____ 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: Yes No Fire: Yes No
Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: Y

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 APPLIED THE BRAKES AND PEDAL WENT TO THE FLOOR. CONSUMER WAS UNABLE TO MAINTAIN CONTROL OF THE VEHICLE AND IT HIT A TREE.
UPON IMPACT, BOTH FRONTAL AIR BAG DID NOT DEPLOY. DRIVER WAS NOT INJURED. VEHICLE WAS TOWED AND TOTALED BY THE INSURANCE COMPANY. *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.

[REDACTED]
Monrovia, California [REDACTED]

November 9, 2004

NISSAN NORTH AMERICA, INC.
Post Office Box 191
Gardena, California 90248-0191

Attention: Carol Miller, Airbag Coordinator

Regarding: Date of Accident: August 23, 2004
Vehicle: 2003 Nissan Sentra
VIN: 3N1CB51D03L [REDACTED]
Your Letter of October 25, 2004

Dear Ms. Miller:

In order to support my claim that Nissan is responsible for fixing the air bag in my car, I submit the following information:

- Citation # R391243 indicates that my son was driving "35+" miles per hour. (Please see attached copy.)
- The Traffic Collision Report prepared by Officer Crawford indicates that my son hit the center of other vehicle's passenger side with the front of my vehicle at a 90 degree angle. (Please see attached copy.)

I believe that these two piece of evidence clearly show that the air bag should have inflated.

I request that you authorize the replacement of my air bag.

Thank you for reviewing this additional information. I look forward to hearing from you as soon as possible.

Sincerely,

[REDACTED]
Encl.

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
 CHP 656 Page 1 (Rev. 7-03) CPI 081

Page 1 of 4

SPECIAL CONDITIONS		INVEST. PLACED 1	1ST & 2ND PLACES <input type="checkbox"/>	CITY Auburn	SERIAL DISTRICT Auburn	LOCAL REPORT NUMBER	
HARMED KILLED 0		1ST & 2ND AND OTHERS <input type="checkbox"/>	COUNTY L.A.	REPORTING DISTRICT 14	BEAT 2	[REDACTED]	
LOCATION	VEHICLE INFORMATION			NO. DAY YEAR 8 23 04	Time (2400) 1049	REC-1 1902	OFFICER I.D. 395
	FEATURES OF			DAY OF WEEK S M W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
	AT INTERSECTION WITH			STATE HWY. NO.		[REDACTED]	
PARTY 1			DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG Y	SAFETY EQUIP. L
DRIVER			NAME (FIRST, MIDDLE, LAST)		VEH. YEAR 03	MAKE/MODEL/COLOR Nissan Silver	LICENSE NUMBER [REDACTED]
STREET ADDRESS			CITY/STATE/ZIP		OWNER'S NAME [REDACTED]		
CITY/STATE/ZIP			CITY/STATE/ZIP		OWNER'S ADDRESS [REDACTED]		
SEX M			HAIR Brn	EYES Brn	HEIGHT 5'6"	WEIGHT 165	BIRTHDATE 9 12 86
OTHER			HOME PHONE		BUSINESS PHONE		
INSURANCE CARRIER			POLICY NUMBER		VEHICLE TYPE		
OR OF TRAVEL, ON STREET OR HIGHWAY			SPEED LIMIT		DESCRIBE VEHICLE DAMAGE		
[REDACTED]			35		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
PARTY 2			DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G
DRIVER			NAME (FIRST, MIDDLE, LAST)		VEH. YEAR 98	MAKE/MODEL/COLOR Vaux Blue	LICENSE NUMBER [REDACTED]
STREET ADDRESS			CITY/STATE/ZIP		OWNER'S NAME [REDACTED]		
CITY/STATE/ZIP			CITY/STATE/ZIP		OWNER'S ADDRESS [REDACTED]		
SEX M			HAIR Brn	EYES Blu	HEIGHT 5-11	WEIGHT 180	BIRTHDATE 8 19 41
OTHER			HOME PHONE		BUSINESS PHONE		
INSURANCE CARRIER			POLICY NUMBER		VEHICLE TYPE		
OR OF TRAVEL, ON STREET OR HIGHWAY			SPEED LIMIT		DESCRIBE VEHICLE DAMAGE		
[REDACTED]			35		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
PARTY 3			DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
DRIVER			NAME (FIRST, MIDDLE, LAST)		VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER
STREET ADDRESS			CITY/STATE/ZIP		OWNER'S NAME		
CITY/STATE/ZIP			CITY/STATE/ZIP		OWNER'S ADDRESS		
SEX			HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
OTHER			HOME PHONE		BUSINESS PHONE		
INSURANCE CARRIER			POLICY NUMBER		VEHICLE TYPE		
OR OF TRAVEL, ON STREET OR HIGHWAY			SPEED LIMIT		DESCRIBE VEHICLE DAMAGE		
[REDACTED]			[REDACTED]		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
PREPARED BY			DISPATCH NOTIFIED		REVIEWER'S NAME		
[Signature]			[YES] <input checked="" type="checkbox"/> [NO] <input type="checkbox"/> [N/A] <input type="checkbox"/>		[Signature]		
DATE REVIEWED			DATE REVIEWED		DATE REVIEWED		
[Signature]			[Signature]		[Signature]		

Copy!!

A T W L C

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

CHP 565 (Rev 7-80) DPI 042

DATE OF INCIDENT/OCCURRENCE 08/23/2004	TIME (MM/SS) 10:49	NCIC NUMBER 1902	OFFICER I.D. NUMBER 365	NUMBER [REDACTED]
*X ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	*X ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL (*X APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Fatal <input type="checkbox"/> Hit and run update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Other:		
CITY/COUNTY/JUDICIAL DISTRICT ARCADIA / LOS ANGELES / ALHAMBRA			REPORTING DISTRICT/BEAT 14/2	CITATION NUMBER
LOCATION/SUBJECT [REDACTED]			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

NOTIFICATION:

Units were dispatched to [REDACTED] and Duarte regarding an injury accident on 8-23-04 at 1049 hrs.

SCENE DESCRIPTION:

Duarte Rd. is a flat straight 2 way road with 2 lanes for E/B and 2 lanes for W/B traffic. [REDACTED] is a flat straight 2 way road with 2 lanes for N/B traffic and 2 lanes for S/B traffic. There are 4 phase signals regulating the flow of traffic at the intersection. All signals were functioning properly.

AREA OF IMPACT:

The AOI was determined by debris of the vehicle involved. It was paced by me to be approx. 7' N of the S/C/P of Duarte Rd. and 15' E of the W/C/P of [REDACTED]

DEBRIS:

There was debris from both vehicles at the AOI.

SKIDS:

None.

STATEMENTS:


See attached by all parties.

SUMMARY:

Based on statements it appears that P-2 was E/B Duarte at Santa Anita on a green light when P-1 ran the S/B red light on [REDACTED], broadsiding P-2.

CAUSE:

Based on statements it appears that P-1 was the cause of the T/C in violation of cvc 21453(a), failure to stop for a red light. I cited him for the violation. Cite # AR391243.

PREPARER'S NAME AND I.D. NUMBER CRAWFORD, STEPHEN	DATE 08/23/2004	REVIEWER'S NAME 	DATE 8-23-04
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Use previous editions until depleted.



October 25, 2004

NISSAN NORTH AMERICA, INC.

Consumer Affairs
18501 S. Figueroa St.
Gardena, CA 90248
Mailing Address: P.O. Box 191
Gardena, CA 90248-0191
Telephone: 1.800.647.7281

[REDACTED]
Monrovia, CA [REDACTED]

RE: Date of Accident: August 23, 2004
Vehicle: 2003 Nissan Sentra
VIN: 3N1CB51D03 [REDACTED]

Dear Mr. [REDACTED]

Thank you for allowing us the opportunity to review the circumstances of your unfortunate accident. As you probably know, a detailed inspection of your vehicle with specific focus on the Air Bag Supplemental Restraint System (SRS) was performed on or about October 1, 2004.

Air bags are designed to inflate in relatively severe frontal or near frontal impact situations where the deceleration or change in velocity meet certain conditions. Based on our review, there was insufficient deceleration of your vehicle to inflate the air bag. Simply put, the conditions were not met in your accident. Damage to the vehicle (or lack of it) is not necessarily an indication of proper air bag operation.

In most accidents, the proper use of seat belts affords reasonable protection from injury. Air bags are designed to help prevent fatal injuries and reduce the extent of serious skeletal and internal injuries. They are not designed to inflate in every instance. Both diagnostic and visual checks confirmed that the air bag and seat belt systems in your vehicle were functioning properly.

Although we are sorry to learn about your accident, Nissan has no basis on which to offer you assistance. This appears to be a matter which should be referred to your insurance company. Should any additional factual information become available, Nissan would be happy to reconsider the matter.

Thank you for allowing us the opportunity to review this matter and explain our position.

Sincerely,

Carol Miller

Carol Miller
Airbag Coordinator
Nissan North America