



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 100148

Date Received: 2005 OCT 20 PM 8:25  
Repository:   
Reference No.: 10133019

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: ADISSON State: NJ Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
(In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.)  
 YES  NO  
Signature of Owner: \_\_\_\_\_ Date: 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1N4AL11E [Redacted]  
Make: NISSAN Model: CREW CAB Model Year: 2002  
Date Purchased: 28-JUL-03 Dealer's Name and Telephone Number: \_\_\_\_\_  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Engine: No: Cylinders 4 Fuel Type: Gas  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 142000 AIR BAGS:SIDE/WINDOW  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 18-AUG-2005 Failure Mileage: 26000 Failure Speed: 55  
2 side Air Bags + Front seats side air bags

**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: NJ Parkway exit 137  
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 indicate or detail the incident(s), failure(s), correction, and injuries.)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_ Reported to Police: 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).

DT: 2002 NISSAN ALTIMA. THE SIDE AIR BAGS WENT OFF WHILE THE CONSUMER WAS DRIVING. THE VEHICLE WAS TAKEN TO THE DEALERSHIP, AND THEY STATED IT HAPPENED BECAUSE THE SENSOR FAILED. THE AIR BAG LIGHT WAS ON BEFORE THIS. THE CONSUMER WAS NOT INJURED WHEN THIS OCCURRED. SHE WAS NINE MONTHS PREGNANT, AND HER 2 YEAR OLD DAUGHTER WAS THE BACK SEAT AND WAS NOT HURT. ALSO, THE PASSENGERS IN THE VEHICLE WERE NOT INJURED. \*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 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 response, or a statistical summary thereof, may be used in support of the agency's action.

**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).**