



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

Repository

MAY 23 AM 7:37
24-APR-2006

Reference No.
10155978

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City RAPHINE State VA 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? YES NO
In the absence of [REDACTED] provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/19/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3N1CB51D2 [REDACTED] Make NISSAN Model SENTRA Model Year 2004
Date Purchased 08-MAY-04 Dealer's Name and Telephone Number STAUNTON NISSAN Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City STAUNTON State VA Zip Code 24461
Transmission Type Antilock Brakes Powertrain Vehicle Component Code
AUTOMATIC Cruise Control FRONT WHEEL DRIVE 151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 21-APR-2006 Failure Mileage 31000 Failure Speed 50

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: DOTM4LSABC036) 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(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 2 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).

DT*: THE CONTACT STATED A STEER ENTERED THE PATH OF THE VEHICLE WHILE TRAVELING 50MPH. THE BRAKES WERE APPLIED, HOWEVER THE STEER WAS HIT AND IT ROLLED ONTO THE WINDSHIELD. THE PASSENGER SEATBELT BUCKLE ASSEMBLY FAILED. UPON IMPACT WITH THE STEER, THE VEHICLE WAS REAR ENDED BY ANOTHER VEHICLE. THE DRIVER RECEIVED MINOR INJURIES AND THE PASSENGER RECEIVED INJURIES AS A RESULT OF THE SEAT BELT FAILURE. THE POLICE FILED A REPORT AT THE SCENE. THE DEALER AND MANUFACTURER WERE ALERTED. THE INSURANCE AGENCY IS SCHEDULED TO INSPECT THE VEHICLE LATER THIS WEEK.

NOT FOR CERTAIN THE INSURANCE Co. INSPECTED THE SEAT BELT ASSEMBLY. THE VEHICLE WAS TOTALED BY THE INSURANCE Co. NO PHOTOS TAKEN OF SEAT BELT ASSEMBLY.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.