



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

24-MAR-2008

Repository

Reference No.

10222188

2008 MAY 19 AM 7:35

OWNER INFORMATION (Type or Print)

Name

Address

City

WASILLA

State

AK

Zip Code

Daytime Telephone Number

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1N4BL24E08C

Make

NISSAN

Model

ALTIMA

Model Year

2008

Date Purchased 05-JAN-08

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

X

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

X Antilock Brakes

X Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

134000 VISIBILITY:SUN ROOF ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-MAR-2008

Failure Mileage 3600

Failure Speed 50

SUN ROOF / Moon ROOF Blow Out

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: DOTM9ABC036)

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 X

Fire

Yes No X

Number of Persons Injured 1

Number of Deaths 0

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).

TL*- THE CONTACT OWNS A 2008 NISSAN ALTIMA. WHILE TRAVELING 50 MPH THE SUN ROOF EXPLODED AND THE FRAGMENTS CASCADED ON TO THE DRIVER. THE CONTACT HAD TO GO TO THE HOSPITAL TO HAVE GLASS REMOVED FROM HIS FACE. THE DEALER STATED THAT THEY HAVE NEVER SEEN A FAILURE SUCH AS THAT. THE FAILURE AND CURRENT MILEAGE WAS 3,600.

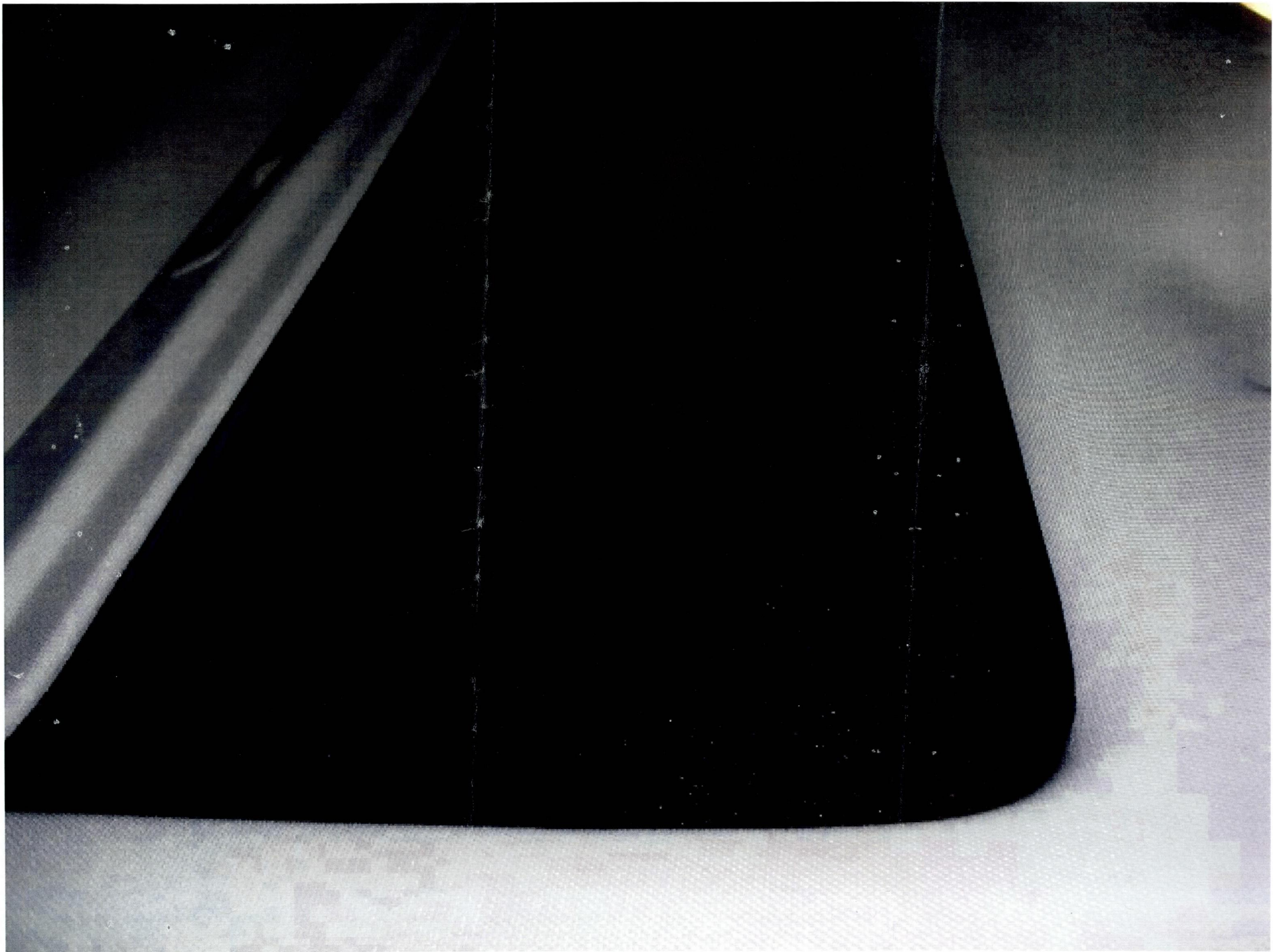
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

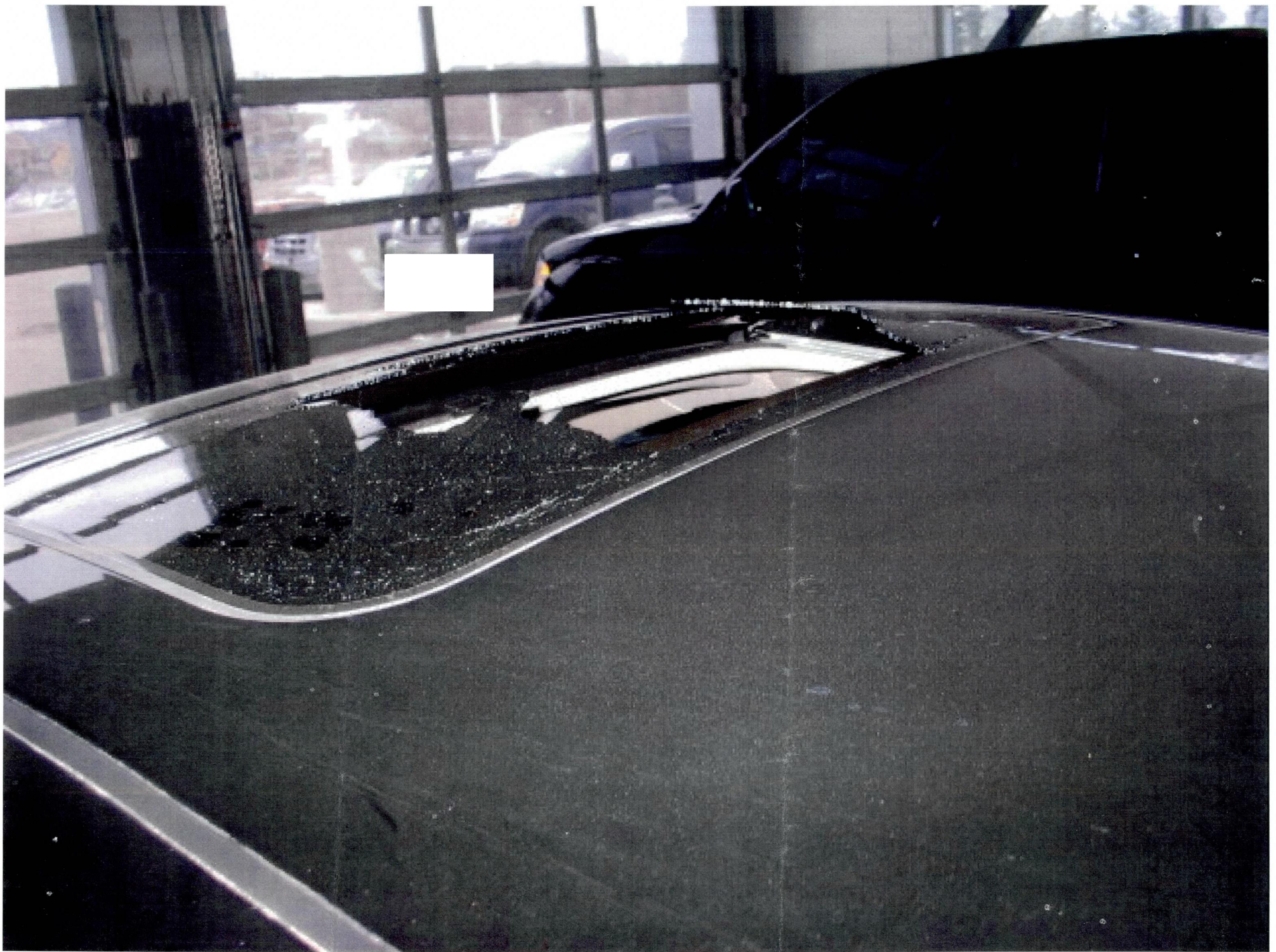
ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.











Narrative Description of incident, failure, crashes and injuries

On March 22, 2008 at approximately 1:30 PM I was driving my 2008 Nissan Altima down Knik-Goose Bay RD in Wasilla Alaska when my moon/sun roof blow out. I had just speed up to about 50 MPH and had no other vehicles in my immediate vicinity when I heard a loud pop and glass falling on me. After the glass had fallen on me I reached over and felt my cheek where I noticed a $\frac{3}{4}$ inch gash in my face with blood pouring out of it. Luckily I was able to keep my composure and keep my vehicle on the road. The dealership nor Nissan USA could and still has not given me an explanation on why or how this could have happened.

SPEEDY AUTO GLASS INC
905 WEST COMMERCIAL
WASILLA, AK, 99604

Remit Payment To: SPEEDY GLASS
PO BOX 3877
SEATTLE, WA 98124
Ph: 1-800-665-3367

WORKORDER
9198-992152
04/02/08

THURSDAY, APRIL 10, 2008 10:10AM

373-1082

WO # 992152 Federal Tax ID #:91-1270511
INSHOP

MERCHANT TO: [REDACTED]
CARD NUMBER: [REDACTED]
INVOICE NUMBER: 5004216
BALANCE DATE: 01/06/08
TOTAL: 500.00
NO: [REDACTED]

Job Site: CIOTTI BARRIE

MARIE J CIOTTI

Claim #:
Policy Name: [REDACTED]
Policy Number:
Cause of Loss:
Date of Loss:

THANK YOU
COME AGAIN

RETAIN THIS COPY FOR YOUR RECORD
TOP COPY MERCHANT BOTTOM COPY CUSTOMER

VIN: 1N4BL24E08C [REDACTED]
License: State:
Odometer:
Verified By:

Work Required:

Part	Description	QTY	Location:		Net	Extended
			List	Discount		
DLRFTEMP	DEALER FOREIGN TEMPERED 91210-JB11A	1	503.73	1.00 %	503.73	503.73
LABARGFLAT	LABOR - AUTO GLASS	1	180.00	0.00 %	180.00	180.00

Subtotal	683.73
Deductible	-500.00
Tax Amount	12.50

Payment PO #:

Customer Invoice #

2nd Bill To Invoice #

Booked by: 5989 ROWLEY, KRISTIN

Total Payable:	196.23
Payments:	0.00
On account	196.23

Additional Notes:

WORK AUTHORIZATION
I authorize Speedy Glass to perform the repair and service
work listed on this work order for the estimate amount shown.

IF YOU ARE SALES TAX EXEMPT FOR WASILLA, PALMER AND/OR JUNEAU, PLEASE PROVIDE TAX EXEMPT NUMBER FOR EACH AUTHORIZATION TO PAY

STATEMENT OF AUTHORIZATION AND SATISFACTION

I confirm the replacement work has been carried out by Speedy Glass to my satisfaction and I hereby authorize and empower the above named insurance company to pay this estimate in full settlement, satisfaction and discharge of all loss under the above policy. Upon such payment, all rights I may have for claim and demand for loss and damage described above against the above named insurance company shall be thereby forever discharged. In the event the above named insurance company does not make timely and/or full payment of this invoice according to its terms, I hereby accept responsibility for such payment and agree to pay all charges reflected on this invoice to Speedy Glass subject to and according to all terms as noted below.

Customer's Signature: _____

TERMS: NET 30DAYS, SERVICE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS

Safelite Solutions

Jobcat
U6

S A F E L I T E S O L U T I O N S

Date: 04/07/08
Time: 14:21:19

To: SPEEDY AUTO GLASS #9
935 W COMMERCIAL DR
WASILLA AK 99654

Shop#: 011747
Fax: 907-373-1082
Tel: 907 376 3251

Referral/
Authorization #

Customer:

WASILLA AK

Home:
Bus:

Date of loss:
03/22/2008

Vehicle: 2008 NISSAN ALTIMA 2 DOOR COU
Type of Loss: REPLACE SUNROOF
Deductible: \$500.00

W/S LIST: -18.0% LABR: \$40.00 PER HOUR
C/T LIST: -18.0% LABR: \$40.00 PER HOUR
KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$25.00 H/M 2KIT: \$50.00

INSHOP SERVICE

PART# 91210JB11A FOR 503.73 LABOR 180.00

COMPANY: USAA INSURANCE

ID#: 09005

APPROVED PER CINDY SANCHEZ/
EDI MAILBOX: SAFL SAFL107

Sold To:

Billing Instructions

Please Show On Your Invoice

Bill To: USAA INSURANCE

Address: P.O. BOX 182190

COLUMBUS, OH 43218-2190

- 1) Full Vehicle Vin Number
- 2) Valid NAGS Part Numbers
- 3) Customer's Signature

or, Invoice Online at SGCNetwork.com

- You must include sales tax on your invoice if applicable. Invoices should be submitted within 10 days of installation. Payment will be rendered upon receipt of funds from the client. For payment inquiries please contact Safelite Solutions at 1-614-602-2120.

- USAA INSURANCE will not reimburse for deductibles not collected.

Notice: Pricing Authorization

Pricing is outlined above per current NAGS. If "P" parts or dealer parts are to be used or any additional parts, labor, or any other charges differ from the prices outlined above, you are required to contact Safelite at 1-614-602-2120 prior to beginning any work on the vehicle. Performance of services constitutes acceptance of the above price and billing instructions.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay SPEEDY AUTO GLASS #9 directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature

Customer Signature

Date

Date

10 APR 08

Please return your invoice signed by the customer, along with this signed fax.

Shop Owner/Mgr Signature

Installer Signature