



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

30-APR-2009

Repository

Reference No.  
10267313

OWNER INFORMATION (Type or Print)

Name

Address

City

PITTSBURGH

State

PA

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 authorized signature, please print your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/10/09

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1N4BU31D9VC  
Make: NISSAN Model: ALTIMA Model Year: 1997

Date Purchased

Dealer's Name and Telephone Number

Engine:  
No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

05-NOV-2008

Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage  
140000

Failure Speed  
0

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).

TL\*THE CONTACT OWNS A 1997 NISSAN ALTIMA. WHILE AT A RED LIGHT ON NOVEMBER 5, 2008, THE PASSENGER SIDE DOOR OF THE CONTACT'S VEHICLE WAS STRUCK BY ANOTHER VEHICLE. THE CONTACT'S VEHICLE TRAVELED DOWN AN EMBANKMENT AND ROLLED OVER. SHE SUSTAINED INJURIES AND THE AIR BAGS FAILED TO DEPLOY. THE NISSAN MANUFACTURER WAS NOTIFIED, BUT THEY HAVE NOT RESPONDED IN OVER FOUR MONTHS. THE CONTACT WAS THE ONLY OCCUPANT IN THE VEHICLE AND SHE WAS WEARING HER SEAT BELT AT THE TIME OF THE CRASH. A POLICE REPORT WAS FILED. THE FAILURE MILEAGE WAS 140,000.

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.

ATTN: ERICA W. HOFFEN Page 2 of 7  
File# [REDACTED]

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA 500 2

Police Use Only

Page:

2

W0095836

10	<b>Unit Info</b>		<input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non - Motorized <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)						<b>Commercial Vehicle</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
	Unit No: 01            First Name: [REDACTED]            MI: E            Date of Birth (MM-DD-YYYY): [REDACTED]		Last Name: [REDACTED]            Telephone Number: [REDACTED]		Address / City / State: [REDACTED]            Zip: [REDACTED]		Driver License Number: [REDACTED]            State: PA            Class: C			
11	<b>Alcohol/Drugs Suspected</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Unknown			<b>Driver or Pedestrian Physical Condition</b> <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick <input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep <input type="checkbox"/> Medication <input type="checkbox"/> Unknown						
	<b>Alcohol Test Type</b> <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given			<b>Primary Vehicle Code Violation</b> Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	<b>Alcohol Test Results</b> <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results			<b>Driver Presence</b> <input type="checkbox"/> 1=Driver Operated Vehicle <input type="checkbox"/> 2=No Driver <input type="checkbox"/> 3=Driver Fled Scene <input type="checkbox"/> 4=Hit and Run <input type="checkbox"/> 9=Unknown						
	<b>Owner/Driver</b> <input type="checkbox"/> 00=Not Applicable <input type="checkbox"/> 01=Private Vehicle Owned/Leased by Driver <input type="checkbox"/> 02=Private Vehicle Not Owned/Leased by Driver <input type="checkbox"/> 03=Rented Vehicle <input type="checkbox"/> 04=State Police Vehicle <input type="checkbox"/> 05=PENNDOT Vehicle <input type="checkbox"/> 06=Other State Gov Veh <input type="checkbox"/> 07=Municipal Police Veh <input type="checkbox"/> 08=Other Municipal Government Vehicle <input type="checkbox"/> 09=Federal Gov Veh <input type="checkbox"/> 98=Other <input type="checkbox"/> 99=Unknown									
12	Same as Driver <input type="checkbox"/> Owner First Name: [REDACTED]            Owner Last Name or Business Name (If Pedestrian, skip this Section): [REDACTED]		Address / City / State / Zip: [REDACTED] PITTSBURGH PA [REDACTED]		Vehicle Make: Nissan; Datsu            *Make Code: 35		VIN: 1N4BU31D9V[REDACTED]            Model Year: 1997            Vehicle Model: ALTIMA (see overlay)			
	License Plate: [REDACTED]            Reg. State: PA            Est. Speed: :005            Vehicle Towed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Towed By: MAZUR		<b>Insurance</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known            Insurance Company: GEICO            Policy No: [REDACTED]					
	<b>Trailing Unit</b> No. of Trailing Units: 0            Type Unit: [ ]		1=Towing Pass. Veh            2=Towing Truck            3=Towing Utility Trailer            4=Mobile/Modular Home            5=Camper            6=Full Trailer		7=Semi-Trailer            8=Other            9=Unknown		Tag No: [ ]            Tag Year: [ ]            Tag St: [ ]			
	<b>Direction of Travel</b> : N <b>*Vehicle Position</b> : 04 <b>*Movement</b> : 12 <b>*See Overlay</b> : [ ]		<b>Special Usage</b> <input type="checkbox"/> 00=Not Applicable <input type="checkbox"/> 01=Fire Veh <input type="checkbox"/> 02=Ambulance <input type="checkbox"/> 03=Police <input type="checkbox"/> 08=Other Emergency Vehicle <input type="checkbox"/> 11=Pupil Transport <input type="checkbox"/> 12=Commercial Passenger Carrier <input type="checkbox"/> 13=Taxi <input type="checkbox"/> 21=Tractor Trailer <input type="checkbox"/> 22=Twin Trailer <input type="checkbox"/> 23=Triple Trailer <input type="checkbox"/> 31=Modified Veh <input type="checkbox"/> 99=Unknown							
	<b>Vehicle Color</b> <input type="checkbox"/> 05=Black <input type="checkbox"/> 06=Yellow <input type="checkbox"/> 07=Silver <input type="checkbox"/> 08=Gold <input type="checkbox"/> 09=Brown <input type="checkbox"/> 10=Orange <input type="checkbox"/> 11=Purple <input type="checkbox"/> 12=Other <input type="checkbox"/> 99=Unknown		<b>Vehicle Type</b> <input type="checkbox"/> 01=Automobile <input type="checkbox"/> 02=Motorcycle <input type="checkbox"/> 03=Bus <input type="checkbox"/> 04=Small Truck <input type="checkbox"/> 05=Large Truck <input type="checkbox"/> 06=SUV <input type="checkbox"/> 07=Van <input type="checkbox"/> 10=Snowmobile <input type="checkbox"/> 11=Farm Equip <input type="checkbox"/> 12=Construction Equip <input type="checkbox"/> 13=ATV <input type="checkbox"/> 18=Other Type Spec Veh <input type="checkbox"/> 19=Unk. Type Spec Veh		<input type="checkbox"/> 20=Unicycle, Bicycle, Tricycle <input type="checkbox"/> 21=Other Pedalcycle <input type="checkbox"/> 22=Horse & Buggy <input type="checkbox"/> 23=Horse & Rider <input type="checkbox"/> 24=Train <input type="checkbox"/> 25=Trolley <input type="checkbox"/> 98=Other <input type="checkbox"/> 99=Unknown		<b>Initial Impact Point</b> <input type="checkbox"/> 12=Clock Points <input type="checkbox"/> 13=Top <input type="checkbox"/> 00=Non-Collision <input type="checkbox"/> 14=Undercarriage <input type="checkbox"/> 15=Towed Unit <input type="checkbox"/> 99=Unknown		<b>Damage Indicator</b> <input type="checkbox"/> 3=Unknown <input type="checkbox"/> 0=None <input type="checkbox"/> 2=Functional <input type="checkbox"/> 1=Minor <input type="checkbox"/> 3=Disabling <input type="checkbox"/> 9=Unknown	
<b>Gradient</b> <input type="checkbox"/> 1=Level <input type="checkbox"/> 2=Uphill		<input type="checkbox"/> 3=Downhill <input type="checkbox"/> 4=Bottom of Hill <input type="checkbox"/> 5=Top of Hill <input type="checkbox"/> 9=Unknown		<b>Road Alignment</b> <input type="checkbox"/> 1=Straight <input type="checkbox"/> 2=Curved <input type="checkbox"/> 9=Unknown						

# MAZUR'S COLLISION & SERVICE CENTER

3333 Babcock Blvd., Pittsburgh, PA 15237  
(412) 367-4742

ATTN: ERICA  
File #

INVOICE 4567

Date 11-7-08  
 Dispatched 6:55 AM Owner Name \_\_\_\_\_  
 Scene 7:05 AM Address \_\_\_\_\_  
 Location RT 19 & 3rd Pah PA  
 Destination 3333 Babcock Phone No. \_\_\_\_\_  
 Make Nissan Model Altima Year 1997 License \_\_\_\_\_  
 VIN # 1N4BU31D9NC Ordinance 1919 \_\_\_\_\_  
 REASON accident DRIVER \_\_\_\_\_ CHARGE \_\_\_\_\_

Tow Truck \$55<sup>00</sup>  
 Flat Bed \$65<sup>00</sup> 65.00

Mileage \$2<sup>00</sup> / mile Begin \_\_\_\_\_ End \_\_\_\_\_  
 Total Miles \_\_\_\_\_

Storage ~~\$20~~<sup>20</sup> Day / Outside • ~~\$15~~<sup>20</sup> Day / Inside

Total No. of Days \_\_\_\_\_  
Recovery \$60<sup>00</sup> / Hour Start \_\_\_\_\_ End 30.00

30 minute min. - 3 hour max charge.  
 fuel 20.00  
**TOTAL** Title

Turned over  
 WE ACCEPT CASH Title for  
 Payment of storage towing  
 .....  
 1-5-09  
 remaining personal

to called 12:50 PM  
 coming Friday give title  
 called 11-26-08 11:00 AM  
 Turning over title

AUTHORIZED BY \_\_\_\_\_  
 RETRIEVAL INFORMATION \_\_\_\_\_  
 OWNERS CARD \_\_\_\_\_  
 DRIVERS LICENSE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

*[Handwritten notes and signatures]*  
 YVONNE called 12-11-08 AT 8:12 AM  
 said she will be out for sure tomorrow

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

384

080020228000610-001

LN4BU3LD9VC [REDACTED]  
VEHICLE IDENTIFICATION NUMBER

1997  
YEAR

NISSAN  
MAKE OF VEHICLE

[REDACTED]  
TITLE NUMBER

SDN

BODY TYPE

1

DUP

SEAT CAP

NY

PRIOR TITLE STATE

1/02/08

ODOM. PROCD. DATE

036972

ODOM. MILES

0

ODOM. STATUS

8/30/00  
DATE PA TITLED

1/02/08  
DATE OF ISSUE

UNLADEN WEIGHT

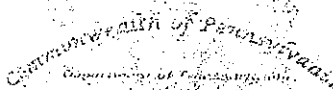
GVWR

GVWR

TITLE BRANDS

ODOMETER STATUS	
0	ACTUAL MILEAGE
1	MILEAGE EXCEEDS THE MECHANICAL LIMITS
2	NOT THE ACTUAL MILEAGE
3	NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED
4	EXEMPT FROM ODOMETER DISCLOSURE
TITLE BRANDS	
A	ANTIQUE VEHICLE
C	CLASSIC VEHICLE
D	COLLECTIBLE VEHICLE
F	OUT OF COUNTRY
G	ORIGINALLY MFGD. FOR NON-U.S. DISTRIBUTION
H	AGRICULTURAL VEHICLE
L	LOGGING VEHICLE
P	IS/WAS A POLICE VEHICLE
R	RECONSTRUCTED
S	STREET ROD
T	RECOVERED THEFT VEHICLE
V	VEHICLE CONTAINS REISSUED VIN
W	FLOOD VEHICLE
X	IS/WAS A TAXI

REGISTERED OWNER(S)



FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED \_\_\_\_\_ DATE

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Title to the Bureau of Motor Vehicles with the appropriate form and fee.

BY \_\_\_\_\_ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED \_\_\_\_\_ DATE

MAILING ADDRESS

BY \_\_\_\_\_ AUTHORIZED REPRESENTATIVE

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF PENNDOT



I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

ALLEN D BIEHLER

Secretary of Transportation

D. APPLICATION FOR JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

SUBSCRIBED AND SWORN TO before me this 17th day of 08

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to his/her heirs or estate).

1ST LIEN DATE: \_\_\_\_\_ IF NO LIEN, CHECK

1ST LIENHOLDER \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF THIS IS AN ELT, CHECK HERE  FINANCIAL INSTITUTION NO. \_\_\_\_\_

2ND LIEN DATE: \_\_\_\_\_ IF NO LIEN, CHECK

2ND LIENHOLDER \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

IF THIS IS AN ELT, CHECK HERE  FINANCIAL INSTITUTION NO. \_\_\_\_\_

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the provisions and other laws of this Commonwealth.

[REDACTED SIGNATURE]

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

37158879

(TYPE OR PRINT) Certificate of Title must be submitted within 20 days, unless the purchaser is a registered dealer holding the vehicle for resale.

**WARNING -** FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES OR IMPRISONMENT.

**A. ASSIGNMENT OF TITLE** - Registered dealers must complete forms MV27A or MV27B as required by law. If purchaser is NOT a registered dealer, Section D on the front of this form must be completed.

I/We certify, to the best of my/our knowledge that the odometer reading is 131,195 <sup>TENTHS</sup> miles and reflects the actual mileage of the vehicle, unless one of the following boxes is checked:  
 Reflects the amount of mileage in excess of its mechanical limits.  Is NOT the actual mileage. **WARNING: Odometer discrepancy**  
I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.

PURCHASER OR FULL BUSINESS NAME: **Day West Liberty Subaru**  
CO-PURCHASER: **2310 West Liberty Ave**  
STREET ADDRESS: **Pittsburgh, PA 15220**  
CITY: **Pittsburgh**  
STATE: **PA** ZIP: **15220** PURCHASE PRICE OR DIN: **6919**

SUBSCRIBED AND SWORN TO BEFORE ME: 10 <sup>MO.</sup> 08 <sup>YEAR</sup>

PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE

**COMMONWEALTH OF PENNSYLVANIA**  
**NOTARIAL SEAL**  
**DAWN M. MAJERCIK, Notary Public**  
City of Pittsburgh, Allegheny County  
My Commission Expires March 7, 2011

SELLER AND/OR CO-SELLER MUST HANDPRINT NAME HERE

**B. RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER**

I/We certify, to the best of my/our knowledge that the odometer reading is 131,797 <sup>TENTHS</sup> miles and reflects the actual mileage of the vehicle, unless one of the following boxes is checked:  
 Reflects the amount of mileage in excess of its mechanical limits.  Is NOT the actual mileage. **WARNING: Odometer discrepancy**  
I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.

PURCHASER OR FULL BUSINESS NAME: **Grierson Auto Sales Inc. Sales**  
CO-PURCHASER: **4120 Brownsville Rd**  
STREET ADDRESS: **Box 136**  
CITY: **South Park, PA 15129**  
STATE: **PA** ZIP: **15129** PURCHASE PRICE OR DIN: **803774KR**

SUBSCRIBED AND SWORN TO BEFORE ME: 1 <sup>MO.</sup> 23 <sup>DAY</sup> 08 <sup>YEAR</sup>

PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE

**COMMONWEALTH OF PENNSYLVANIA**  
**NOTARIAL SEAL**  
**Walter J. Winschell Jr., Notary Public**  
City of Pittsburgh, Allegheny County  
My Commission Expires March 6, 2011

SELLER AND/OR CO-SELLER MUST HANDPRINT NAME HERE

**B. RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER**

I/We certify, to the best of my/our knowledge that the odometer reading is 131,231 <sup>TENTHS</sup> miles and reflects the actual mileage of the vehicle, unless one of the following boxes is checked:  
 Reflects the amount of mileage in excess of its mechanical limits.  Is NOT the actual mileage. **WARNING: Odometer discrepancy**  
I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.

PURCHASER OR FULL BUSINESS NAME: **Neighborhood**  
CO-PURCHASER: **Moto**  
STREET ADDRESS: **Wilkinsburg**  
CITY: **PA** ZIP: **15211** PURCHASE PRICE OR DIN: **[REDACTED]**

SUBSCRIBED AND SWORN TO BEFORE ME: 2 <sup>MO.</sup> 7 <sup>DAY</sup> 08 <sup>YEAR</sup>

PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE

**COMMONWEALTH OF PENNSYLVANIA**  
**NOTARIAL SEAL**  
**Karen R Stein, Notary Public**  
Buffalo Twp, Washington County  
My commission expires May 05, 2011

SELLER AND/OR CO-SELLER MUST HANDPRINT NAME HERE

**B. RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER**

I/We certify, to the best of my/our knowledge that the odometer reading is 131,283 <sup>TENTHS</sup> miles and reflects the actual mileage of the vehicle, unless one of the following boxes is checked:  
 Reflects the amount of mileage in excess of its mechanical limits.  Is NOT the actual mileage. **WARNING: Odometer discrepancy**  
I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.

PURCHASER OR FULL BUSINESS NAME: **[REDACTED]**  
CO-PURCHASER: **[REDACTED]**  
STREET ADDRESS: **[REDACTED]**  
CITY: **Pittsburgh**  
STATE: **PA** ZIP: **[REDACTED]** PURCHASE PRICE OR DIN: **2884.57**

SUBSCRIBED AND SWORN TO BEFORE ME: 3 <sup>MO.</sup> 17 <sup>DAY</sup> 08 <sup>YEAR</sup>

PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE

**DAVID EIDINGER**  
**NEIGHBORHOOD**  
**MOTOR MART LLC**  
**86-31604 NE**

SELLER AND/OR CO-SELLER MUST HANDPRINT NAME HERE

**C. CHECK HERE IF APPLICATION FOR DEALER TITLE AND COMPLETE SECTION D. TITLING FEES \$**

An employee of an issuing agent licensed as a vehicle dealer by the Pennsylvania State Board of Vehicle Manufacturers and Salespersons may verify a person's signature in lieu of notarization.

MV-4 (4/06)

A copy of the letter  
sent to Nissan

~~RECEIVED~~ ~~1/1/09~~  
~~1/1/09~~

To whom it may concern page 1

My name is [REDACTED]

I reside in Pittsburgh PA. I am 28 yrs. old a single parent of two children a 6 yr. old and a 3 yr. old daughters. On March 17 2008 I purchased a 1997 Nissan Altima GLE Limited Edition at the price of \$3,199.98 not including taxes, title, plate and other fees at the time of purchase my mother and I were told all the safety equipment were functioning properly by Dave EIDINGER at Neighborhood Motor Mart located in Wilkensburg PA on Penn Avenue This car was my very first car that I owned the purpose of me purchasing a vehicle was to safely transport me and my two children [REDACTED] and [REDACTED] on our daily needs that's for work, and school at Everest Institute for a Medical Assistant which was completed Feb. 6, 2009 and in the process I signed a contract with HCR Manor Care Northhills on Perry Hwy to complete CNA classes for a 15 day training courses then I will be hired on at a pay rate

of \$11.00 an hr. at the end of  
the first week November 7, 2008 6:55 AM  
I was proceeding to make a left  
turn into work a blue mini van  
aggressively took the right away from  
me at a very high speed the opposite  
direction hit me in the front my  
body flung forward hit my head off  
the steering wheel I was out for a  
split second I noticed my car was  
rolling down hill I was unable to turn it  
off or put the car in park so I pulled  
my seatbelt off and climbed out the car  
people came to my aide after I stood up  
and collapsed in the street I sustained  
a few injuries 2 bulging disc in my lower  
back, periph/meningitis, and right fractured ankle  
I just ~~don't~~ understand why my air bags  
didn't deploy at all and I have SRS  
engraved into my steering wheel and  
on the passenger side dash board  
and I do have plenty of photos  
of the altima inside and out I  
just ask for a reasonable compensation  
from Nissan and a explanation why my car  
was sold without being properly tested

~~HOPEFUL WITHIN~~  
~~HOPEFUL WITHIN~~

page 2

before being sold I really do enjoy Nissan Cars and I believe they are good running cars when taken care of properly and I plan to buy another Nissan in the future for me and my family and so I can continue my career as a Medical Assistant after finishing physical therapy I want to keep lawyers out of this incident I just wish to move on in my life asap this has put a hold on my life since Nov. 7, 2008 I just wish to close this chapter fairly between Nissan and my self I am willing to turn over any documents you need to assist you in this situation to resolve the matter But the car was destroyed due to the damage of the car and I couldn't afford to continue to pay storage fee for the vehicle any other questions or information needed contact me

[REDACTED]  
[REDACTED] home # [REDACTED]  
[REDACTED] cell # Pol PA [REDACTED]

AHN: ERICA  
File # [REDACTED]

<b>Client</b>	FREDERICKSBURG-PENNSYLVANIA - 05 GEICO - FREDERICKSBURG ONE GEICO BOULEVARD FREDERICKSBURG, VA 22412 PHONE: 800-841-1003	<b>Bill:</b> GE2-05PA-232855
---------------	--	------------------------------

<b>Provider</b>	UPMC MERY MOGF PO BOX 223548 PITTSBURGH, PA 15251	<b>Patient</b>	[REDACTED] PITTSBURGH, PA [REDACTED]
-----------------	---	----------------	---

Tax ID: [REDACTED] Type: HO

Claim Number: [REDACTED]

DOI/DOL: 11-07-2008

Carrier Received Date: 12-03-2008

External Claim Number: [REDACTED]

External ID: [REDACTED]

Patient Account: [REDACTED]

Medicare Number: [REDACTED]

Region: 99

<b>Bill Details</b>	Dates of Service: 11-14-2008 Post Date: 12-05-2008	Reviewer: @@/32	File: 00000000/00000000/00000000 Other: PA CR Seq: [REDACTED]
	Date of Admission: 11-14-2008	Adjuster: C. WAKIM X4643	

Dx1: 724.4 THOR/LUMBOSACRL NURIT/RA Dx2: 723.1 CERVICALGIA

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	NGD	UM	Copay	Explanation Code(s)
						Review		PPO				Deduct. Allow.
1	11-14-2008	22	1	320/72040	478.20	1	1	EXAM SPINE CERVICAL				370 44.67
2	11-14-2008	22	1	320/72100	478.20	1	1	EXAM SPINE				370 44.67

<b>Totals</b>	Total Charges:	956.40	
	Bill Review Reductions:		867.06
	Recommended Allowance:		89.34

**Messages**

370 THIS HOSPITAL OUTPATIENT ALLOWANCE WAS CALCULATED ACCORDING TO THE APC RATE.

THIS EXPLANATION OF REVIEW REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION. PAYMENT SENT TO:        PATIENT        ATTORNEY        PROVIDER

**Notes**

\* Unless otherwise noted, charges were reduced for exceeding the Act 6 fee guidelines for physicians, practitioners, hospitals, and facilities of the Commonwealth of Pennsylvania; or for exceeding the usual, customary and reasonable fee for the provider's geographical area.

CORRESPONDENCE SHOULD BE SENT TO THE ABOVE ADDRESS AND ATTENTION OF:  
ADJUSTER CODE \_\_\_\_\_ EXTENSION \_\_\_\_\_

GEICO - FREDERICKSBURG, ONE GEICO BOULEVARD, FREDERICKSBURG, VA 22412, PHONE: 800-841-1003

DCN Number: [REDACTED]

Explanation of Review

File # [REDACTED]  
ATTN: Erica Wilburn

**Client**  
FREDERICKSBURG-PENNSYLVANIA - 05  
GEICO - FREDERICKSBURG  
ONE GEICO BOULEVARD  
FREDERICKSBURG, VA 22412  
PHONE: 800-841-1003

**Bill:** [REDACTED]

**Provider**  
UPMC MERCY  
PO BOX 640155  
PITTSBURGH, PA 15264

**Patient**  
[REDACTED]  
PITTSBURGH, PA [REDACTED]

**Tax ID:** [REDACTED] **Type:** HO

**Claim Number:** [REDACTED]  
**DOI/DOL:** 11-07-2008  
**Carrier Received Date:** 11-25-2008  
**External Claim Number:** [REDACTED]

**External ID:** [REDACTED]  
**Patient Account:** [REDACTED]  
**Medicare Number:** [REDACTED]

**Region:** 99

**Bill Details**  
**Dates of Service:** 11-08-2008  
**Post Date:** 11-28-2008  
**Date of Admission:** 11-08-2008

**Reviewer:** @@/34  
**File:** 00000000/00000000/00000000  
**Other:** PA  
**CR Seq:** [REDACTED]  
**Adjuster:** C. WAKIM X4643

**Dx1:** 724.5 UNSPECIFIED BACKACHE **Dx2:** 845.00 UNSPEC SITE ANKLE SPRAIN **Dx3:** 956.9 INJURY UNS NERV PELV GIR

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GEICO - FREDERICKSBURG, ONE GEICO BOULEVARD, FREDERICKSBURG, VA 22412, PHONE: 800-841-1003

**DCN Number:** [REDACTED]