



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
23-MAR-2011
MAY 02 2011
Repository
Reference No.
10392657

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WHEELING State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number S-2-M-G
E-mail Address [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1N4AL21E08N [REDACTED]
Make NISSAN Model ALTIMA Model Year 2008
Date Purchased 10/13/2008 Dealer's Name and Telephone Number ARLINGTON NISSAN
Engine: Gasoline Fuel Type: 87 Oct
No: Cylinders 4
Original Owner Dealer's City ARLINGTON HEIGHTS, IL 60004 State IL Zip Code 60004
Transmission Type AUTO Antilock Brakes Powertrain CVT Multiple Failure: Incident Date(s) 18-MAR-2011
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 150000 SEAT BELTS
Failure Mileage 34579 Failure Speed 35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036) Original Equipment Prior Repair Failure Location:
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 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 2008 NISSAN ALTIMA. WHILE DRIVING APPROXIMATELY 35 MPH HE ENGAGED THE BRAKES AND T-BONED THE VEHICLE IN FRONT OF HIM. THE AIR BAGS DID NOT DEPLOY AND THE SEAT BELT SHOULDER RESTRAINT DID NOT RESTRAINT HIM DURING THE CRASH. HIS BREAST BONE WAS FRACTURED BY THE STEERING COLUMN AND HE WAS HOSPITALIZED FOR 24 HOURS. A POLICE REPORT WAS FILED. THE VEHICLE WAS DAMAGED ON THE RIGHT FRONT BUMPER, HEADLIGHTS, GRILL AND THERE WAS A DENT IN THE HOOD. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 34,574 AND THE CURRENT MILEAGE WAS 34,579.

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.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



| | | | | | | | | | | | | | | |
|------|------|------|------|------|------|-----|------|------|------|------|-----|-----|----|---|
| DRAC | PEDV | TRFD | TRFC | WEAT | DRVA | VIS | VEHD | LGHT | COLL | MANV | PPA | PPL | | |
| U2 | U2 | X | 3 | 4 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | | |
| U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | | |
| | | | | | | | | | | 15 | 3 | 1 | 99 | 9 |

| | | | | | |
|--|---|---|---|--|-------------------------------------|
| INVESTIGATING AGENCY PROSPECT HEIGHTS | DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500 | TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED | <input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash | AGENCY CRASH REPORT NO. 11 01195 | TRFW 2 |
| ADDRESS NO. N/B ELMHURST RD | HIGHWAY or STREET NAME WILLOW RD | <input checked="" type="checkbox"/> City PROSPECT HTS | INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | DATE OF CRASH 3/18/11 | TIME 4:20 |
| (CIRCLE) FT / MI N E S W <input checked="" type="checkbox"/> AT INTERSECTION WITH | (CIRCLE) NAME OF INTERSECTION OR ROAD FEATURE | COUNTY COOK | PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CIRCLE DAY OF WEEK SU MO TU WE TH FR SA | NUMBER MOTOR VEHICLES INVOLVED 2 |

| | | | | | | | | |
|--|----------------------|--------------|----------------|--|---|--|--|----------------|
| NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED - NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV | DATE OF BIRTH | MAKE FORD | MODEL FOCUS | YEAR 2003 | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 3 | FRONT 8 1 2 7 9 3 6 5 4 REAR | TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N HAZMAT SPILL <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N *IF YES SEE SIDEBAR | NO. LANES 0 |
| STREET ADDRESS | SEX SAF AIR M 9 4 | PLATE NO. | STATE IL | YEAR 11 | INJURY 0 | EJECT 1 | VIN 1FAFP33P23W | ALGN 1 |
| CITY PROSPECT HTS | STATE IL | ZIP | INJURY 0 | EJECT 1 | VEHICLE OWNER (LAST, FIRST MI) S/A DRIVER | INSURANCE CO. ALL AMERICA FINANCIAL | TELEPHONE | RSUR 1 |
| TELEPHONE | DRIVER LICENSE NO. | STATE IL | CLASS D | VEHICLE OWNER (LAST, FIRST MI) S/A DRIVER | INSURANCE CO. MEMBER SELECT INS CO | TELEPHONE | POLICY NO. | VEHU 2 |

| | | | | | | | | |
|--|----------------------|----------------|-----------------|--|---|--|--|-----------|
| NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED - NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV | DATE OF BIRTH | MAKE NISSAN | MODEL ALTIMA | YEAR 2008 | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 1 | FRONT 8 1 2 7 9 3 6 5 4 REAR | TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N HAZMAT SPILL <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N *IF YES SEE SIDEBAR | RDEF 1 |
| STREET ADDRESS | SEX SAF AIR M 2 4 | PLATE NO. | STATE IL | YEAR 11 | INJURY B | EJECT 1 | VIN 1N4AL21E08M | BAC 96 |
| CITY WHEELING | STATE IL | ZIP | INJURY B | EJECT 1 | VEHICLE OWNER (LAST, FIRST MI) S/A DRIVER | INSURANCE CO. MEMBER SELECT INS CO | TELEPHONE | U1 96 |
| TELEPHONE | DRIVER LICENSE NO. | STATE IL | CLASS D | VEHICLE OWNER (LAST, FIRST MI) S/A DRIVER | INSURANCE CO. MEMBER SELECT INS CO | TELEPHONE | POLICY NO. | U2 96 |

| (UNIT) | (SEAT) | (DOB) | (SEX) | (SAFT) | (AIR) | (IND) | (EJCT) | PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) | (HOSP) | (EMS) |
|--------|--------|---------|-------|--------|-------|-------|--------|---|---------|-------|
| 1 | 3 | 1/11/95 | F | 9 | 4 | B | 1 | S/A UNIT # 1 | N.W.C.H | PHFD |
| ↓ | / | / | | | | | | | | |
| ↓ | / | / | | | | | | | | |
| ↓ | / | / | | | | | | | | |

| | | | | | | | |
|-------------|-----------|--------------|----------------|-----------------------------|------------------|-----------------------|--------------------|
| (EVNT) | (MOST) | (EVNT) | (LOC) | DAMAGED PROPERTY OWNER NAME | DAMAGED PROPERTY | CONTRIBUTORY CAUSE(S) | POSTED SPEED LIMIT |
| 1 | ✓ | 11 | 4 | X | | 02 | 40 |
| 2 | □ | | | X | | 06 | |
| 3 | ✓ | | | X | | | |
| 1 | ✓ | 11 | 4 | X | | | |
| 2 | □ | | | X | | | |
| 3 | ✓ | | | X | | | |
| OFFICER ID. | SIGNATURE | BEAT / DIST. | SUPERVISOR ID. | DATE POLICE NOTIFIED | TIME NOTIFIED | COURT DATE | COURT TIME |
| 107 | J. Manner | 7100 | Cap # 19 | 3/18/2011 | 4:21 PM | no / day / yr | |

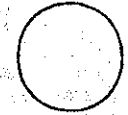
REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

Printed by authority of the State of Illinois

SR 1050 JANUARY 2010

U100277142

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



INDICATE NORTH BY ARROW

SEE PAGE 2

NARRATIVE (Refer to vehicle by Unit No.)

IN SUMMARY; D.U. 2 STATED HE WAS N/B ELMHURST RD AT 35 M.P.H., AND ENTERED THE INTERSECTION WITH A GREEN LIGHT WHEN UNIT 1 TURNED IN FRONT OF HIM, CAUSING UNIT 2 TO STRIKE UNIT 1. D.U. 1 STATES HE HAD THE GREEN ARROW (S/B Elmhurst To E/B Willow) BUT HAD TO WAIT AWHILE TILL A BICYCLIST CROSSED E/B IN FRONT OF HIM. D.U. 1 THEN TURNED AND WAS STRUCK BY UNIT 2. D.U. 1 THEN STATES HE'S NOT SURE IF ELMHURST RD HAD THE GREEN BUT CARS WERE DRIVING N/B ELMHURST RD AT FAST SPEEDS AS HE WAS TRYING TO TURN. NO INDEPENDANT WITNESSES PRESENT.

LOCAL USE ONLY

U1 Color BLUE U2 Color SILVER
U1 Towed by / to X U2 Towed by / to X

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____
ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Yes No

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? Yes No Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No Unknown

Was a Driver/Vehicle Examination Report form completed?
HAZMAT Yes No Unk Out of Service? Yes No
MCS Yes No Unk Out of Service? Yes No
Form No: _____

IDOT PERMIT NO. _____ WIDE LOAD? Yes No
TRAILER WIDTH(S): 0-96" 97-102" >102"
TRAILER 1
TRAILER 2
TRAILER LENGTH(S): 1 _____ ft TRAILER 2: _____ ft
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: CITY OF _____ OR NEAREST CITY
MILES N E S W OR _____
CIRCLE ONE CITY NAME _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
VEHICLE CONFIGURATION _____
CARGO BODY TYPE _____ LOAD TYPE _____

NORTH →

WILLOW ROAD

(14 RT-83)

ELMHURST ROAD

ONLY

ONLY

2

2

1

NOT TO SCALE

