

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

Form Approved: O.M.B. No. 2127-0008

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



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
MAY 14 2013
26-MAR-2013

Repository
Reference No.
10504600

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **BOCA RATON** State **FL** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

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
3N1AB61E98L [REDACTED] Make **NISSAN** Model **SENTRA** Model Year **2008**
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders **4** Fuel Type: **Gas**
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type [REDACTED] Antilock Brakes Powertrain. Cruise Control. Multiple Failure: **1** Incident Date(s) **26-FEB-2013**

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **14000LAIR BAGS** Failure Mileage **62000** Failure Speed **45**

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: DOTM19ABC036) 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 **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 SENTRA. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 50 MPH, A VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE. THE VEHICLE BEGAN TO SPIN INTO THE MEDIAN WHERE TWO OTHER VEHICLES CRASHED INTO THE CONTACT'S VEHICLE FROM THE FRONT DRIVER AND PASSENGER SIDE DOOR AREAS. THE POLICE REPORTED TO THE SCENE AND A REPORT WAS FILED. THE CONTACT WAS UNCONSCIOUS AND TRANSPORTED TO THE HOSPITAL VIA AMBULANCE. THE CONTACT SUSTAINED BRUISING AND VARIOUS FRACTURES TO HER CERVICAL BONES. THE VEHICLE WAS DESTROYED. THE APPROXIMATE FAILURE MILEAGE WAS 62,000. *TR

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

DRIVING ON I95N IN FORT LAUDERDALE CITY, I WAS AROUND 50M/HR WHEN A CAR HIT ME FROM THE BACK OF MY CAR THEN MY CAR SPIN ON I95 AND DURING THE SPIN I WAS HIT FROM A SECOND CAR ON THE DRIVER SIDE AND A THIRD CAR HIT ME FROM THE PASSANGER SIDE. THIS WAS AT 8:00AM "I WAS GOING TO WORK". I WAS USING THE SEAT BEALT BUT THE AIRBAGS DID NOT DEPLOYED! I WAS RUSHED TO BROWARD HOSPITAL BY THE FIREFITER DEPART. AND MY INJURES FROM THIS ACCIDENT ARE: NONDISPLACED FRACTURES ON MY C3 AND C6, AN MILD ANTEROLISTHESIS OF C3 ON TOP OF C4, AN LACENY ON THE LEFT SIDE OF MY CERVICAL SPINE AND AN INJURY ON MY SOFT TISSUE OF MY RIGHT SHOULDER.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

~~*ANTEROLISTHESIS~~



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POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-210 1200 New Jersey Avenue SE, Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

