

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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	Repository <input type="checkbox"/>
22-JUN-2015	Reference No. 10726650

**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	
City	HARTFORD	State	CT	Zip Code	[REDACTED]
				Evening Telephone Number	

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		Make	Model	Model Year
3N1AB51D34L [REDACTED]		NISSAN	SENTRA	2004
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
			No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
	<input type="checkbox"/> Cruise Control			19-MAY-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 150000 SEAT BELTS, 140000 AIR BAGS	Failure Mileage	Failure Speed
	180000	

**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: DOTMAL9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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**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 2004 NISSAN SENTRA. WHILE THE VEHICLE WAS NOT IN USE, THE DRIVER AND PASSENGER SIDE AIR BAGS DEPLOYED INDEPENDENTLY. THE VEHICLE WAS TAKEN TO A DEALER FOR DIAGNOSTIC TESTING WHERE IT WAS DIAGNOSED THAT THE AIR BAGS AND PASSENGER SIDE SEAT BELT NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 180,000.

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 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.