

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------|--|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | <p>INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)</p> <p><b>Vehicle Owner's Questionnaire</b><br/>To Report Vehicle Safety Defects<br/>1-888-DASH-2-DOT<br/>(1-888-327-4236)<br/>INTERNET: www.nhtsa.dot.gov/hotline</p> |                                                                              | <p>DOT Auto Safety Hotline 52 (b)(6) USE ONLY 100148</p> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      | <p>Date Received<br/>21-AUG-2015<br/>OCT 26 2015</p>                                                                                                                                                                 | <p>Repository <input type="checkbox"/></p> <p>Reference No.<br/>10750413</p> |                                                          |  |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      | Daytime Telephone Number                                                                                                                                                                                             |                                                                              | E-mail Address                                           |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BIRMINGHAM                                                                           | State                                                                                                                                                                                                                | AL                                                                           | Zip Code                                                 |  |
| <p><small>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).</small></p>                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>1N4AL21E69N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | Make<br>NISSAN                                                                                                                                                                                                       | Model<br>ALTIMA                                                              | Model Year<br>2009                                       |  |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dealer's Name and Telephone Number                                                   |                                                                                                                                                                                                                      | Engine:<br>No: Cylinders                                                     | Fuel Type:                                               |  |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dealer's City                                                                        | State                                                                                                                                                                                                                | Zip Code                                                                     |                                                          |  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control  | Powertrain                                                                                                                                                                                                           | Multiple Failure:                                                            | Incident Date(s)<br>13-JUL-2015                          |  |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| Vehicle Component Code: 010000 STEERING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                                                                                                                      | Failure Mileage<br>96000                                                     | Failure Speed                                            |  |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tire Model (Name or Number)                                                          |                                                                                                                                                                                                                      | Tire Size (Example P215/65R15)                                               |                                                          |  |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair | Failure Location:                                                                                                                                                                                                    |                                                                              |                                                          |  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                                                                      | Tire Failure Type:                                                           |                                                          |  |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date Manufactured:                                                                   |                                                                                                                                                                                                                      | Model No./Name:                                                              |                                                          |  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Installation System:                                                                 |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Failed Part:                                                                         |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| <p><b>APPLICABLE INCIDENT INFORMATION</b><br/><small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Number of Persons Injured<br>0                                                                                                                                                                                       | Number of Deaths<br>0                                                        | Reported to Police<br>N                                  |  |
| <p><b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><br/>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).</p>                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| <p>TL* THE CONTACT OWNS A 2009 NISSAN ALTIMA. WHILE PARKED, THE VEHICLE FAILED TO START WITH THE KEY FOB. THE CONTACT STATED THAT THE KEY WARNING INDICATOR ILLUMINATED. THE VEHICLE WAS TOWED TO THE DEALER. THE TECHNICIAN DIAGNOSED THAT THE ELECTRONIC STEERING COLUMN WAS DAMAGED AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 96,000.</p>                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |
| <p><small>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.</small></p> |                                                                                      |                                                                                                                                                                                                                      |                                                                              |                                                          |  |

**JIM BURKE  
AUTOMOTIVE, INC.**

1301 5th Avenue North  
Birmingham, Alabama 35203  
Phone (205) 324-3371  
www.jimburke.com

17JUN15

Thank you for visiting the Service Department at Jim Burke Automotive. During the inspection of your vehicle on Jun 17 2015 we recommended service to keep your 09 Nissan Altima running safely and efficiently.

If the recommended work has not been completed, please call and schedule an appointment at your earliest convenience.

To help you with your recommended work, I have attached a coupon that you may use on your next visit.

Sincerely,

*Chad Wilson*

*Service Manager*

*Jim Burke Automotive*

**10% DISCOUNT**

**Maximum of \$50**

**On All Recommended Service**

**From Invoice No. 115846**

**Service must be performed before Sep 15 2015**

Excludes tax and shop supplies where applicable. Not valid with any other coupons or offers. See Service Advisor for details.

**Jim Burke Automotive**



Customer Number

\*INVOICE\*

# JIM BURKE AUTOMOTIVE, INC.

1301 5th Avenue North  
Birmingham, Alabama 35203  
Phone (205) 324-3371  
www.jimburke.com

Page 1 of 2

FORESTDALE, AL

Home: Bus:

Cell:

Email: email home

SERVICE ADVISOR: 3152 CURTIS WAYNE KEY

SERVICE ADVISOR: 3152 CURTIS WAYNE KEY

| COLOR       | YEAR       | MAKE/MODEL    | VIN                                       | LICENSE | MILEAGE IN / OUT | TAG     |           |
|-------------|------------|---------------|-------------------------------------------|---------|------------------|---------|-----------|
| BLACK       | 09         | NISSAN ALTIMA | 1N4AL21E69N                               |         | 93312 / 93312    | TT4056  |           |
| DEL. DATE   | PROD. DATE | WARR. EXP     | PROMISED                                  | PO NO.  | RATE             | PAYMENT | INV. DATE |
| 07APR12     |            | 07APR2015     | 17:00 29JUN15                             |         | 0.00             | CASH    | 17JUN15   |
| R.O. OPENED |            | READY         | OPTIONS: STK ENG:2.5 LITER GASOLINE TRN:A |         |                  |         |           |

11:50 17JUN15 15:57 17JUN15

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

A C/S VEHICLE WILL NOT CRANK..DISPLAY SAY KEY IS NOT RECOGNISED. ADVISE

CAUSE: steering lock has internal failure

ELEC PERFORMED

4063 CPN

|   |             |       |               |        |        |        |        |
|---|-------------|-------|---------------|--------|--------|--------|--------|
| 1 | 48700-9N00B | 48700 | LOCK STEERING | 632.17 | 632.17 | 240.00 | 240.00 |
|---|-------------|-------|---------------|--------|--------|--------|--------|

|   |             |        |                     |      |      |      |      |
|---|-------------|--------|---------------------|------|------|------|------|
| 2 | 48703-06F0A | 48703M | SCREW-STEERING LOCK | 2.95 | 2.95 | 5.90 | 5.90 |
|---|-------------|--------|---------------------|------|------|------|------|

|        |        |        |        |        |      |               |        |
|--------|--------|--------|--------|--------|------|---------------|--------|
| PARTS: | 638.07 | LABOR: | 240.00 | OTHER: | 0.00 | TOTAL LINE A: | 878.07 |
|--------|--------|--------|--------|--------|------|---------------|--------|

REPLACE STEERING LOCK MODULE

\*\*\*\*\*

B MULTI POINT INSPECTION PERFORMED

CAUSE: DECLINED WORK LAST TIME IN

MULTI R C

4063 ISPN

|        |      |        |      |        |      |               |      |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE B: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

PERFORMED AND COMPLETED A MULTI POINT INSPECTION AND HAVE ADVISED

THE CUSTOMER ACCORDINGLY

\*\*\*\*\*

C RED, TIRES RECOMMENDED TO BE REPLACED, TIRE TREAD IS BELOW FACTORY

RECOMMENDATIONS

CAUSE: DECLINED

RED RECOMMENDED 4- 215/60/15 CONTINENTAL TIRES,

MT, BAL, TAX AND 4WA 785.00 19~

4063 ISPN

|        |      |        |      |        |      |               |      |
|--------|------|--------|------|--------|------|---------------|------|
| PARTS: | 0.00 | LABOR: | 0.00 | OTHER: | 0.00 | TOTAL LINE C: | 0.00 |
|--------|------|--------|------|--------|------|---------------|------|

INSPECTED TIRES, TIRES ARE BELOW FACTORY RECOMMENDED TREAD

DEPTH, TIRES NEED TO BE REPLACED

\*\*\*\*\*

ENVIRONMENTAL FEE

24.00

## ALTERNATIVE DISPUTE RESOLUTION AGREEMENT

The Dealer and Customer(s) agree, in connection with the resolution of any dispute arising out of any inspection, diagnosis, repair made and parts supplied to or for the vehicle described on this or any other repair order, (including but not limited to, the terms of the repair order, the terms, conditions, construction and enforceability promises, warranties, undertakings, or covenants made by the Dealer in connection therewith), that Dealer and Customer(s) will submit such dispute(s) to binding arbitration, pursuant to the provisions of the Federal Arbitration Act (9 U.S.C. Section 1, et seq.) and according to the rules of the American Arbitration Association then existing in the County and State where the Dealership is located, except as follows: (1) The arbitrators impaneled to arbitrate this matter shall be selected by the parties to this agreement as follows: The Dealer shall select an arbitrator; the Customer(s) shall select an arbitrator; the two arbitrators so selected shall select a third arbitrator, who shall be a certified A.S.E. (American Society of Engineers), Master Mechanic; (2) The prepaid arbitration filing fees and all other costs of the arbitration proceeding shall be paid by the party seeking affirmative relief. THE DEALER AND CUSTOMER(S) AGREE THAT THEY ARE WAIVING THEIR RIGHT TO A JURY TRIAL AND THEIR RIGHT TO BRING OR PARTICIPATE IN ANY CLASS ACTION OR MULTI-PLAINTIFF ACTION IN COURT OR THROUGH ARBITRATION.

**WARRANTY DISCLAIMER:** ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR PRODUCTS, OR THE REPAIR. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR THE ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

\*Environmental Costs: A charge equal to 10% of the total cost of labor, not to exceed \$30.00, will be added to the Repair Order for shop supplies used in connection with this repair. This charge represents costs and profits to the Dealership for miscellaneous shop supplies and/or the handling, management and disposal of toxic, waste or hazardous substances.

ALL PARTS ARE NEW  
UNLESS OTHERWISE  
INDICATED.

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           |        |
| PARTS AMOUNT           |        |
| GAS, OIL, LUBE         |        |
| SUBLET AMOUNT          |        |
| MISC. CHARGES *        |        |
| TOTAL CHARGES          |        |
| LESS INSURANCE         |        |
| SALES TAX              |        |
| PLEASE PAY THIS AMOUNT |        |

DATE CUSTOMER SIGNATURE

AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

Customer Number

\*INVOICE\*

# JIM BURKE AUTOMOTIVE, INC.

1301 5th Avenue North  
Birmingham, Alabama 35203  
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FORESTDALE, AL

Home: Bus: Cell:  
Email: |home

SERVICE ADVISOR: 3152 CURTIS WAYNE KEY

|               |               |                                            |               |         |                  |         |
|---------------|---------------|--------------------------------------------|---------------|---------|------------------|---------|
| COLOR         | YEAR          | MAKE/MODEL                                 | VIN           | LICENSE | MILEAGE IN / OUT | TAG     |
| BLACK         | 09            | NISSAN ALTIMA                              | 1N4AL21E69N   |         | 93312 / 93312    | TT4056  |
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| 07APR12       |               | 07APR2015                                  | 17:00 29JUN15 |         | 0.00             | CASH    |
| R.O. OPENED   | READY         | OPTIONS: STK: ENG:2.5_LITER_GASOLINE TRN:A |               |         |                  |         |
| 11:50 17JUN15 | 15:57 17JUN15 |                                            |               |         |                  |         |
| INV. DATE     |               |                                            | 17JUN15       |         |                  |         |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|--------|------|------|-------|------|-----|-------|
|------|--------|------|------|-------|------|-----|-------|

COMPANY NAME UNKNOWN  
COMPANY PHONE  
POLICY NUMBER  
POLICY TERM  
EFFECTIVE DATE  
DEDUCTIBLE  
MILEAGE LIMIT  
BEGIN MILES  
END MILES 81628  
COMPONENTS

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UNLESS OTHERWISE  
INDICATED.

| DESCRIPTION            | TOTALS    |
|------------------------|-----------|
| LABOR AMOUNT           | \$ 240.00 |
| PARTS AMOUNT           | \$ 638.07 |
| GAS, OIL, LUBE         | \$ 0.00   |
| SUBLET AMOUNT          | \$ 0.00   |
| MISC. CHARGES *        | \$ 24.00  |
| TOTAL CHARGES          | \$ 902.07 |
| LESS INSURANCE         | \$ 0.00   |
| SALES TAX              | \$ 63.80  |
| PLEASE PAY THIS AMOUNT | \$ 965.87 |

DATE CUSTOMER SIGNATURE

AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE