

**GIRODAT & MARIENFELD, PLC**ATTORNEYS AT LAW  
FREDERICK W. GIRODAT II  
RONALD L. MARIENFELD II  
GEORGE E. POTTER - OF COUNSEL

March 11, 2016

Mr. D. Scott Yon  
Vehicle Integrity Division  
National Highway Traffic Safety Administration  
1200 New Jersey Avenue, SE  
West Building  
Washington, DC 20590RE: [REDACTED] Nissan,  
Case No: [REDACTED] NO, Ingham County Circuit Court  
and  
PE15-001

Dear Mr. Yon:

This correspondence is to inform the National Highway Traffic Administration (NHTSA) I am Plaintiff's counsel in a pending lawsuit in Michigan arising from a serious and permanent injury to my client arising from a low speed motor vehicle accident on August 31, 2013 with a 2012 Nissan Rogue, Vin # JN8AS5MVXCW [REDACTED]. This lawsuit was filed on April 28, 2014. In early 2013, my client was in a minor accident, which caused her airbags to be replaced at a repair facility prior to the collision which is the subject matter of the above lawsuit. I believe the same or similar airbag system is being investigated by the NHTSA regarding the 2013 Rogue in PE 15-001.

Enclosed is a copy of the August 31, 2013 police report and photographs of my client's vehicle and face following this collision. I have also included select medical records outlining this injury which is consistent with delayed and/or partial deployment and her face striking the steering wheel.

It is my understanding, Nissan did not report this injury in response to PE 15-001. In Plaintiff's response to request 2(c), Nissan informed the NHTSA of "4 reports of injuries, all minor in nature. There were no reports of fatality or serious injury." It should be noted, Nissan's representative has inspected my client's vehicle and the airbag system. I felt it would be prudent to provide you with full and complete information for this investigation. In my humble opinion, loss of an eye is a serious injury and should have

been reported as part of PE 15-001. In fact, my client was an R.N. and is no longer able to work in this field due to her injuries.

Thank you for your time and attention in this regard. Please feel free to call me with any questions or if you would like additional information. I would be interested in speaking with you on this topic if you are able.

Sincerely,



Ronald L. Marienfeld II

RLM/rw

Enclosures

cc: Andrew Kirkpatrick  
Amanda Haverty-Harris  
Thomas Murray

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 11/2006)

External # [REDACTED] Crash ID [REDACTED]

Page 1  
Incident # [REDACTED] File Class :  
Incident Disposition  
**Closed**  
Reviewer  
**Off. ELLEN LARSON (214)**

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: <b>MI3351900</b>		Department Name <b>Lansing Police Department</b>			
Crash Date <b>08/31/2013</b>	Crash Time <b>08:50</b>	No. of Units <b>02</b>	Crash Type <b>Angle</b>	Special Circumstances <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> None <input type="checkbox"/> OHR and Run <input type="checkbox"/> Deer <input type="checkbox"/> O Fleeting Police	
County <b>33 - INGHAM</b>	Traffic Control <b>None</b>	Relation to Roadway <b>On Road</b>	Special Study <b>None</b>	Weather <b>Cloudy</b>	Area <b>10 - NON-FRWY Straight roadway</b>
City/Twp <b>95 - LANSING</b>	Construction Zone (if applicable) Type Lane Closed Activity		Light <b>Daylight</b>	Road Condition <b>Dry</b>	Total Lanes <b>04</b> Speed Limit <b>35</b> Posted <b>Yes</b>

Prefix <b>E</b>	Road Name <b>SAGINAW</b>	Road Type <b>ST</b>	Suffix	Divided Roadway
Distance (ft.) <b>0.5 Miles E</b>		Traffic Way <b>04 - One-way traffic</b>	Access Control <b>03 - Other, partial control</b>	
Prefix <b>CLIPPET</b>	Intersecting Road	Road Type	Suffix	Divided Roadway

Unit Number <b>01</b>	Unit Known <b>Yes</b>	State [REDACTED]	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Fam <input type="checkbox"/> Recreation	Sex <b>M</b>	Total Occupants <b>02</b>	Hazardous Action <b>03 - Failed to yield</b>
Unit Type <b>MV</b>	Driver Information <b>MONTPELIER OH</b>	Injury <b>0</b>		Position <b>01</b>	Restraint <b>04</b>	Hospital <b>None</b>			
Driver Condition <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99				Interlock <b>No</b>	Ejected	Trapped	Airbag Deployed <b>No</b>	Ambulance <b>None</b>	
Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Test Results <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered <input type="checkbox"/> Field <input type="checkbox"/> OPBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Test Results <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other	
Vehicle Registration [REDACTED]	State <b>OH</b>	Insurance/Policy # <b>MOTORISTS MUTUAL</b>	Towed To/By # <b>NORTHSIDE</b>		Special Vehicles	Private Trailer Type	Vehicle Defect		
VIN <b>KL1TD566X6E</b>	Vehicle Description [REDACTED]	Make <b>CHEVROLET</b>	Model <b>AVEO</b>	Color <b>LBL</b>	Year <b>2006</b>	Vehicle Type <b>Passenger Car</b>			
Location of Greatest Damage <b>07</b>	First Impact <b>07</b>	Extent of Damage <b>04</b>	Driveable <b>No</b>	Vehicle Direction <b>N</b>	Vehicle Use <b>01 - Private</b>	Action Prior <b>01 - Going Straight Ahead</b>			
Sequence of Events First		Second		Third		Fourth			
● Indicates MOST harmful event      ● 17 - Motor veh in transport									

<b>PASSENGERS</b>	Passenger Information	Date of Birth (Age) <b>45</b>	Sex <b>F</b>	Position <b>03</b>	Restraint <b>04</b>	Hospital <b>None</b>
	<b>SAME AS DRIVER</b>	Injury <b>0</b>	Airbag Deployed <b>Not equipped</b>	Ejected	Trapped	Ambulance <b>None</b>
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	

Carrier Information		Carrier Source <b>GVWR</b>	<b>ICCMC</b>	<b>USDOT</b>	<b>MPSC</b>
Driver's CDL Type		Endorsements <input type="checkbox"/> OH <input type="checkbox"/> OP <input type="checkbox"/> OT <input type="checkbox"/> ON <input type="checkbox"/> OS <input type="checkbox"/> OX	CDL Exempt <input type="checkbox"/> Fam <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 028 <input type="checkbox"/> 029 <input type="checkbox"/> 030 <input type="checkbox"/> 035 <input type="checkbox"/> 036	
Interstate/Intrastate	Vehicle Type	Type and Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill

Owner Information	Owner Information
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Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name :	Owner and Phone	
Contact Date :		
Contact Time :		

08/31/2013

Unit Number <b>02</b>	Unit Known Yes	State [REDACTED]	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	License Type • Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None
Unit Type <b>MV</b>	[REDACTED]			Injury C	Position 01	Restraint 04	Hospital 330060		
Driver Condition • 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance 331003	
Alcohol ○ Yes ○ Test Type ○ Field		• No ○ Refused ○ PB ○ Not Offered ○ Breath ○ Blood		Urine		Test Results		Citation Issued ○ Hazardous ○ Other	
Vehicle Registration [REDACTED]	State MI	Insurance/Policy # AAA		Towed To/By # NORTHSIDE			Special Vehicles	Private Trailer Type	Vehicle Defect
VIN JN8AS5MVKV [REDACTED]	Vehicle Description [REDACTED]		Make NISSAN	Model ROGUE	Color BLK	Year 2012	Vehicle Type Passenger Car		
Location of Greatest Damage 01	First Impact 01	Extent of Damage 04	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events First			Second			Third			Fourth
(* indicates MOST harmful event)      • 17 - Motor veh in transport									

<b>PASSENGERS</b>	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	

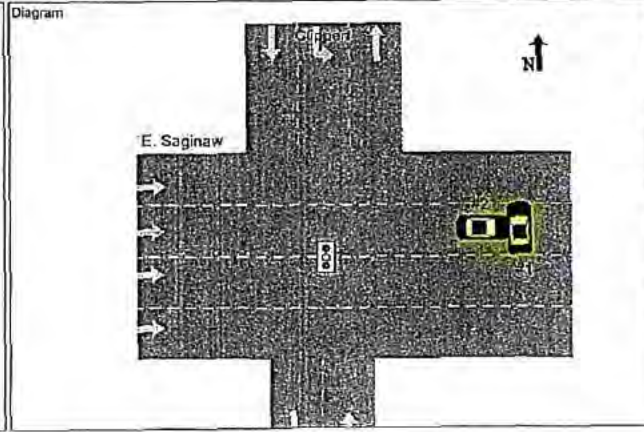
Carrier Information		Carrier Source	GVWR	ICCMC	USDOT	MFSC
		Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
Interstate/Intrastate	Vehicle Type	Type and Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill	ID # Class #

<b>OWNER</b>	Owner Information	Owner Information
	Witness Information	Witness Information

Investigated at Scene Yes	Reported Date (Time) 08/31/2013 (09:03)	1st Investigator Name (Badge) Off. ANGIE SUKOVICH (098)	2nd Investigator Name (Badge)	Photo By
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**Narrative**  
 Driver #1 is from out of town and unfamiliar with the area. Driver #1 did not realize Saginaw was all one way traffic. Driver #1 attempted to cross all four lanes of traffic striking vehicle #2. Vehicle #1 was pulling out of a private drive.

External #: [REDACTED]  
 Incident #: [REDACTED]



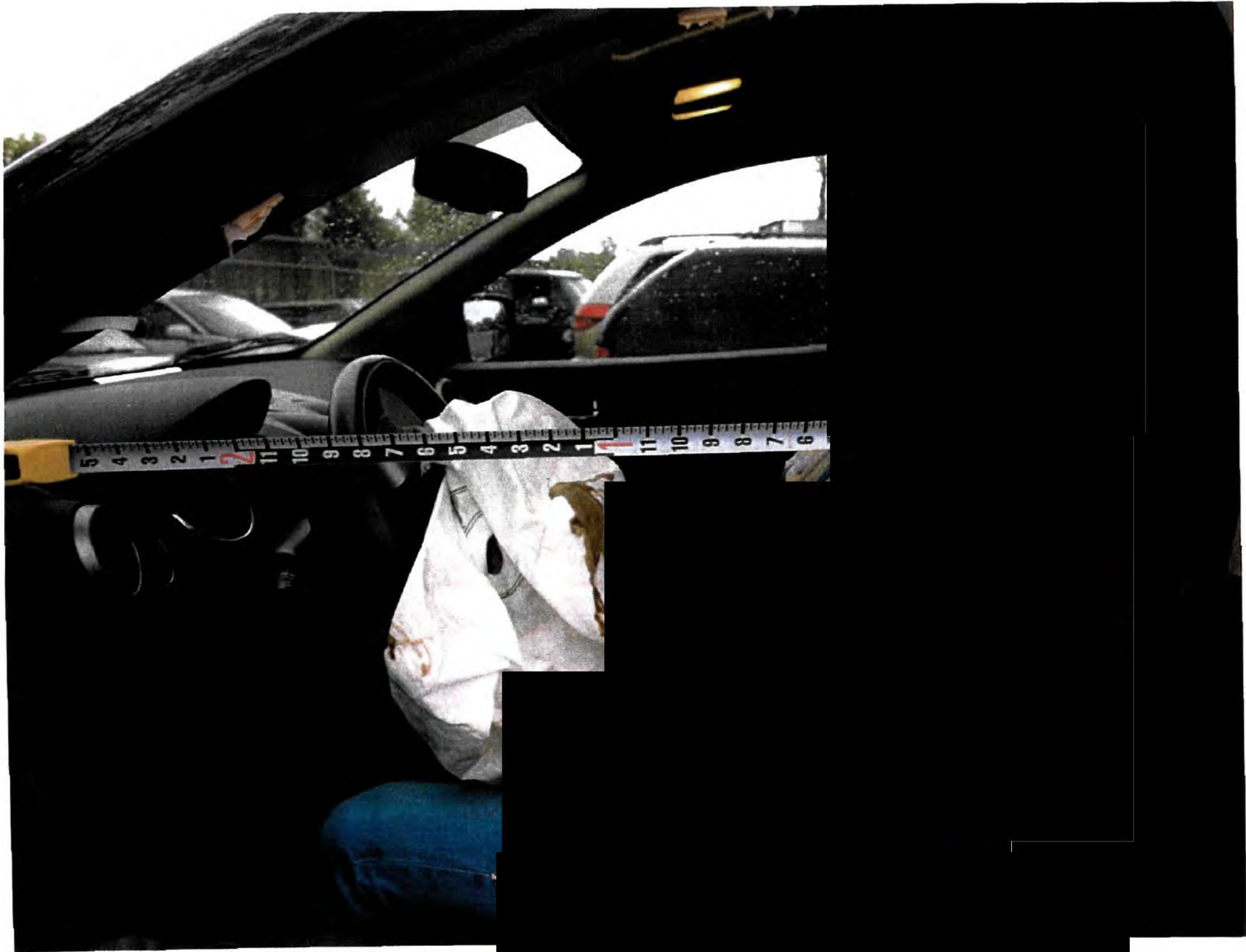
08/31/2013



DEPOSITION  
EXHIBIT 7  
*Plouffe*  
*8-18-14 BR*

PENGLAD 800-631-6888





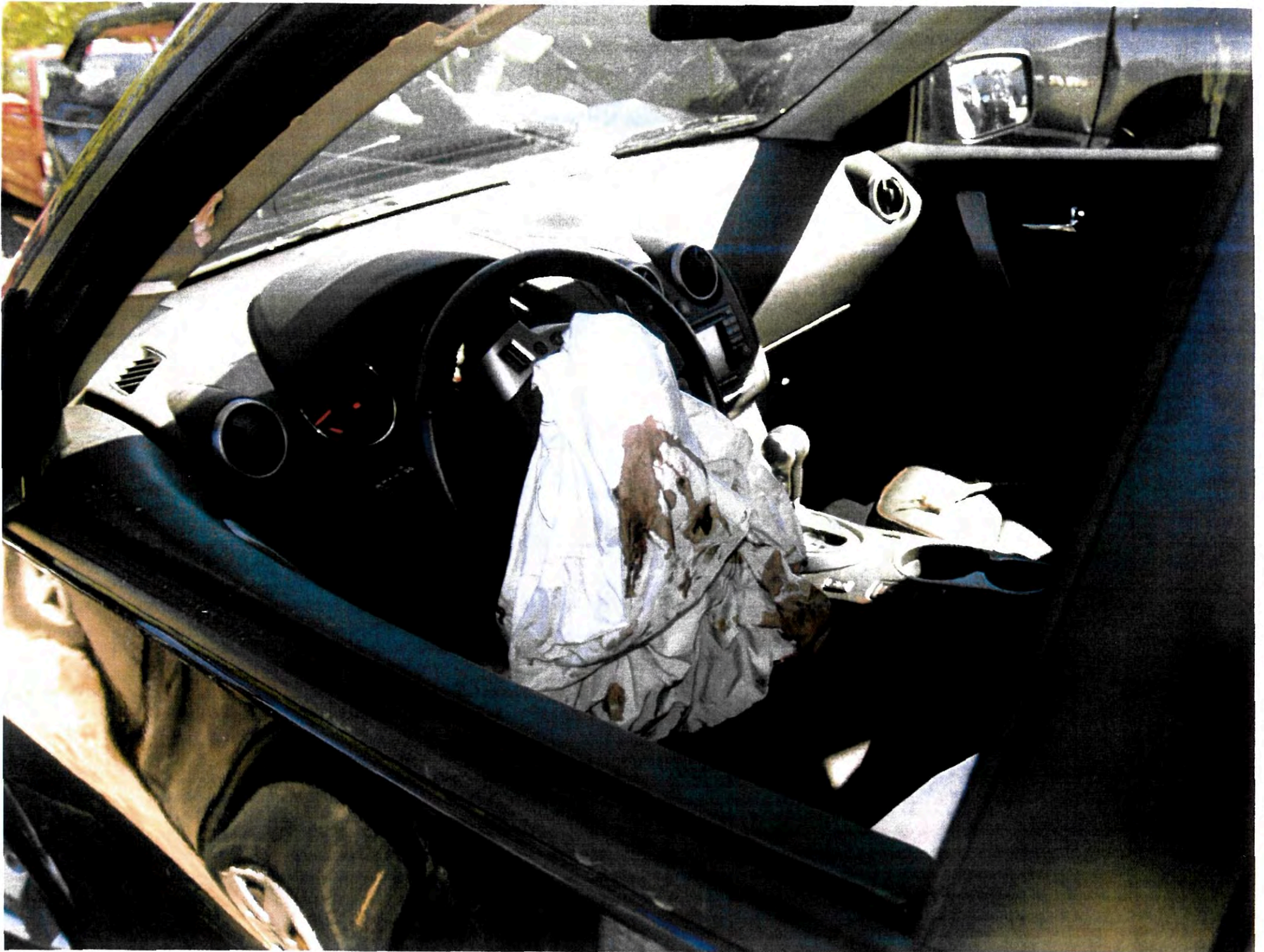


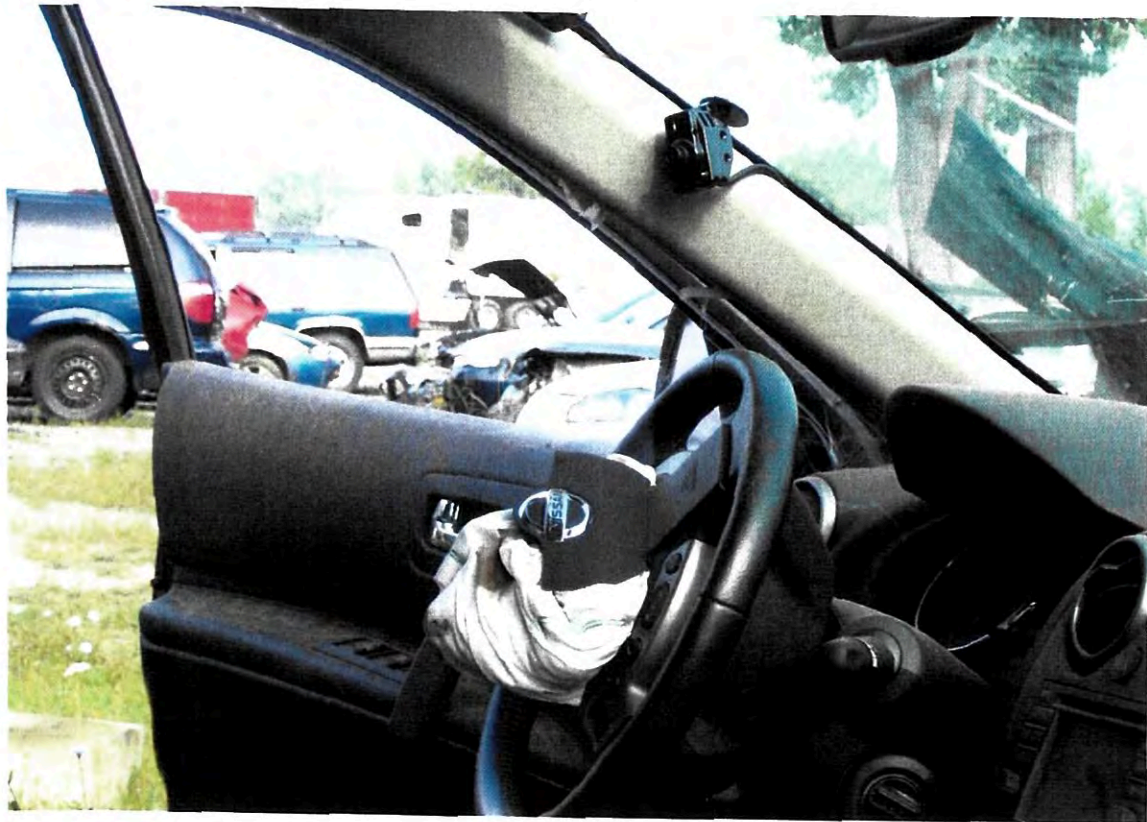
DEPOSITION  
EXHIBIT 10  
*Houche*  
8-18-14BR

800-631-6989









To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.