



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

Date Received

Repository ☐

29-NOV-2016

JAN 11 2017

Reference No.
10928604

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City TROY State NY Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

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
5N1AT2MVXFC [REDACTED] Make NISSAN Model ROGUE Model Year 2015
Date Purchased 11-07-14 Dealer's Name and Telephone Number FULGILIO NISSAN of Latham, NY (518) 250 4380 Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner ☒ Dealer's City Latham, NY. State NY Zip Code 12110
Transmission Type CVT ☒ Antilock Brakes Powertrain Multiple Failure: BRAKES failed upon impact by another vehicle ☒ Cruise Control Incident Date(s) 15-SEP-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 BRAKES (PWS) Failure Mileage 36081 Failure Speed 40 mph APPROX

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: DOTM19ABC036) ☐ Original Equipment ☐ 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 ☒ Yes ☐ No Fire ☐ Yes ☒ No Number of Persons Injured 1 Number of Deaths 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 2015 NISSAN ROGUE. THE CONTACT STATED THAT THE VEHICLE EXPERIENCED A LOSS OF BRAKE FUNCTIONALITY AFTER BEING STRUCK IN A SIDE IMPACT COLLISION. THE VEHICLE STOPPED INDEPENDENTLY. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC. THE VEHICLE WAS REPAIRED. A NISSAN TECHNICIAN INSPECTED THE VEHICLE, BUT THE FAILURE COULD NOT BE REPLICATED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THERE WAS ONE INJURY THAT DID NOT REQUIRE MEDICAL ATTENTION. THE CONTACT SUFFERED MINOR BRUISES. THE FAILURE MILEAGE WAS APPROXIMATELY 36,081.

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.

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

On 9/15/16 at approximately 6⁰⁰pm on Rt. 9 in the town of Halfmoon, NY. My wife and I were traveling south in a 5 lane highway (Rt 9) Two lanes south and 3 lanes north with a turning lane in the middle. We were struck by another vehicle crossing over the two north bound lanes and the turning lane. We were struck in the drivers side rear wheel and quarter panel upon impact my front and rear side air bags deployed not the front just the side. my vehicle remained in the left south bound lane, but I did not have brakes. I managed to cross over the north bound lanes and into a parking lot for a mini mall, without brakes I circled the parking lot until the car stopped on its own the best wheel helped slow it down.

ATTACH ADDITIONAL SHEETS IF NECESSARY

See Attached to Continue

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



• Circling the parking lot was not easy, I had to weave in and around cars, until my vehicle, stopped, the best wheel helped to slow it down.

I shut the car off and waited for the NYS trooper to arrive. The Trooper called for a tow truck.

The tow truck arrived after approximately 30 minutes. The tow truck driver started the car and checked the brakes, both forward and reverse. They worked. (see my letter to Consumer Affairs, Nissan North America, dated 11-11-16). In this letter I provided my explanation of what I felt was the cause of brake failure in my 2015 Nissan Rogue.

My wife, in the vehicle with me was thrown against her door and was sore for a few days, but did not seek or require medical attention. I was also thrown against the side air bag causing a bruise to my upper left arm and a sore neck. I was examined by my primary MD on 9/23/16 with a diagnosis of strain of muscle, fascia, tendon at neck level.

We were fine after a few weeks, fortunately we were wearing our seat belts at the time as we always do.

We are looking for answers as to why our brakes failed upon impact.

Rogers, NY

Troy, NY.

Tel #

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE
 (This form is not for verification of hospital treatment)

NAME AND ADDRESS OF INSURER OR SELF-INSURER * IDS Property Casualty Insurance Company PO Box 19018 Green Bay, WI 54307	NAME, ADDRESS AND PHONE NUMBER OF INSURER'S CLAIM REPRESENTATIVE * Jose Sosa 1-800-872-5246 Ext. 6997 PO Box 19018 Green Bay, WI 54307
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DATE September 19, 2016	POLICYHOLDER [REDACTED]	POLICY NUMBER [REDACTED]	DATE OF ACCIDENT September 15, 2016	CLAIM NUMBER [REDACTED]
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PROVIDER'S NAME AND ADDRESS *

[REDACTED]

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBMITTED TO THE INSURER AS SOON AS REASONABLY POSSIBLE BUT NO LATER THAN 45 DAYS OR 180 DAYS AFTER TREATMENT DATE, DEPENDING UPON THE POLICY ENDORSEMENT IN EFFECT AT THE TIME OF THE ACCIDENT. IF YOU ARE UNSURE OF THE APPLICABLE TIME REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES.

1. PATIENT'S NAME AND ADDRESS

[REDACTED] [REDACTED] T207, N.Y. [REDACTED]

2. DATE OF BIRTH 3. SEX 4. OCCUPATION (IF KNOWN)

[REDACTED] Male Retired

5. DIAGNOSIS AND CONCURRENT CONDITIONS

Strain of muscle, fascia, tendon at neck level

6. WHEN DID SYMPTOMS FIRST APPEAR?

DATE: 9/15/16

7. WHEN DID PATIENT FIRST CONSULT YOU FOR THIS CONDITION?

DATE: 9/23/16

8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION?

☐ YES ☒ NO IF YES, state when and describe:

9. IS CONDITION SOLEY A RESULT OF THIS AUTOMOBILE ACCIDENT?

☒ YES ☐ NO IF "NO," explain:

10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT?

☐ YES ☒ NO

11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?

☐ YES ☒ NO ☐ NOT DETERMINABLE AT THIS TIME
 IF "YES," describe:

12. PATIENT WAS DISABLED (UNABLE TO WORK) N/A

FROM: THROUGH:

13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON:

DATE:

14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATIONAL THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? ☐ YES ☒ NO IF YES, describe your recommendation below:



NISSAN NORTH AMERICA, INC.

Consumer Affairs
P.O. Box 685003
Franklin, TN 37068-5003
Telephone: 1-800-647-7261

Date: October 31, 2016

Address: [REDACTED]
Troy, NY [REDACTED]

REF: Vehicle: 2015 Nissan Rogue
VIN#: 5N1AT2MVXC [REDACTED]
CA#: [REDACTED]

Dear [REDACTED]

Thank you for allowing Nissan North America, Inc. the opportunity to review the circumstances regarding the incident involving your vehicle. Please be assured that Nissan North America, Inc. has taken every step necessary to fully investigate this matter.

A Nissan Technical Specialist conducted a detailed inspection of the vehicle and found no evidence of a product problem, failure, or malfunction that may have caused or contributed to the incident.

Based on our inspection of the vehicle and the available information, Nissan North America, Inc. finds no basis on which to offer financial assistance in this matter at this time. Please refer this matter to your insurance company if you have not already done so.

Thank you again for allowing us the opportunity to review your concern.

Sincerely,


DeHenry Kidd
Incident Investigation Specialist
Nissan North America, Inc.

1000 11/20/16
Consumer affairs

PO Box 655603

Franklin, TN 37068-5003

pg 2 of 3

Dear Mr. Le Harry Kidd

Your letter to me dated Oct 21, 2016 was at the least confusing. Your last paragraph indicated your investigation found no basis to offer me financial assistance on this matter, please refer this to my insurance company, if I had not already done so.

I never requested financial assistance from Nissan North America. The woman who struck my Rogue handled all of the repairs to my vehicle through her insurance co.

Money was never mentioned or was the focus of my phone call. It was not or is not my intention to sue Nissan for a defective vehicle.

I thought I made it clear to you that I am not a first time Nissan buyer. Two Nissans sit in my garage I purchased both of them new. A Murano and a Rogue, and my children have Nissans.

I drive my two youngest grandchildren to school everyday. I want to make sure this vehicle is safe I was and am looking for an explanation as to why my brakes failed.

May 20/6

The truck failed again my car was struck
in the right rear wheel and quarter panel. The
impact actually tore the wheel and displaced the
chassis side air bags, both front and back. Just the
side air bags not the front.

So bound
The impact left me in the left hand of
a few days recovery. The back lanes and two
neck lanes with a turning lane in the middle
The impact also kept me without brakes

The Traffic was moderately heavy, but I managed
to start the car through the North lane lanes and
into a parking lot full of cars. I continued to
push on the brake pedal and then toward the
parked cars. The car finally stopped after a small
He hit a few times. I shot the car off and
waited for the police and fire truck.

I asked you to conduct an investigation
to determine the cause of the failure not to
over financial assistance.

I want to have answers as to why
continue to rely on the safety level that Nissan
offers. Your cavalier attitude regarding my
request is very disappointing.

I have a car in tow that is a ~~technical~~
an in line ~~technical~~ shop. We need my
request again on a life and I am not the
even repairs from the impact.
The explanation we could have from

our examination is as follows: The impact on the left rear wheel disrupted the tone ring signal to the sensor which controls the ABS. The brakes failed because it was not receiving the proper signal from the tone ring.

The brakes were restored after I turned the car off to wait for the NYS Trooper and the tow truck. When the tow truck arrived the driver started my vehicle and the brakes worked, both forward and reverse. I suspect the sensor rebooted after being shut off and then turned back on. This sounds like what happened.

Perhaps you could pass this information along to Nissan engineers for their evaluation and possible correction.

If we all work together we can make sure that Nissan continues to be at the top in car safety and sales.

Respectfully

Troy, Ny.

TRAVELERS

Albany-Claim Department-PI
For Supplement Inspect Call 888-299-7456
Prompt 2
P.O. Box 430
BUFFALO, NY 14240
Phone: (800) 223-4820

Claim #:
Workfile ID:

94cff760

Estimate of Record

Written By: JASON WASON, License Number: 1079136, 9/20/2016 9:06:43 AM
Adjuster: CORREA, MICHAEL, (518) 454-4723 Business

Insured:		Owner Policy #:		Claim #:	
Type of Loss:	Liability	Date of Loss:	09/15/2016 06:06 PM	Days to Repair:	5
Point of Impact:	07 Left Rear	Deductible:			
Owner (Claimant):		Inspection Location:		Appraiser Information:	Repair Facility:
		LUSSIER'S AUTOBODY	jwason@travelers.com		LUSSIER'S AUTOBODY
		1385 VISCHER FERRY RD	(518) 588-9251		1385 VISCHER FERRY RD
TRUY, NY		CLIFTON PARK, NY 12065			CLIFTON PARK, NY 12065
	Business	Repair Facility			(518) 371-1103 Business
	Evening	(518) 371-1103 Business			141645066 Federal ID
		09/20/2016 Date Inspected			7024375 License Number

VEHICLE

2015 NISS Rogue SL AWD 4D UTV 4-2.5L Gasoline Sequential MPI BLACK

VIN:	5N1AT2MVXFC	Production Date:	10/2014	Interior Color:	BLACK
License:		Odometer:	36814	Exterior Color:	BLACK
State:	NY	Condition:	Good		

TRANSMISSION	Air Conditioning	Stereo	Luggage/Roof Rack
Automatic Transmission	Intermittent Wipers	Search/Seek	SEATS
4 Wheel Drive	Tilt Wheel	CD Player	Bucket Seats
POWER	Cruise Control	Auxiliary Audio Connection	Leather Seats
Power Steering	Rear Defogger	Premium Radio	Heated Seats
Power Brakes	Keyless Entry	Satellite Radio	WHEELS
Power Windows	Alarm	SAFETY	Aluminum/Alloy Wheels
Power Locks	Message Center	Drivers Side Air Bag	PAINT
Power Mirrors	Steering Wheel Touch Controls	Passenger Air Bag	Clear Coat Paint
Heated Mirrors	Rear Window Wiper	Anti-Lock Brakes (4)	OTHER
Power Driver Seat	Telescopic Wheel	4 Wheel Disc Brakes	Fog Lamps
DECOR	Climate Control	Traction Control	Rear Spoiler
Dual Mirrors	Navigation System	Stability Control	Signal Integrated Mirrors
Privacy Glass	Backup Camera w/Parking Sensors	Front Side Impact Air Bags	TRUCK
Console/Storage	RADIO	Head/Curtain Air Bags	Rear Step Bumper
Overhead Console	AM Radio	Hands Free Device	Power Trunk/Gate Release
CONVENIENCE	FM Radio	ROOF	

Estimate of Record

2015 NISS Rogue SL AWD 4D UTV 4-2.5L Gasoline Sequential MPI BLACK

Line	Oper	Description	Qty	Extended Price \$	Labor	Paint
1		RESTRAINT SYSTEMS				
		NOTE: SIDE DEPLOYMENT				
		Seat back assembly				
		Deployed side air bag				
		Deployed head air bag				
		Wiring harness				
		Connectors				
		Diagnostic unit				
		Side sensor				
2	Repl	LT Head air bag US built	1	489.75 m	0.8	
3		Air bag system diagnosis			m	0.5
4	Repl	Diagnostic unit US built	1	506.45 m	0.3	
5	Repl	LT Side impact sens C-pillar	1	178.20 m	0.3	
6	*	Repl LT Belt & retractor charcoal US built	1	<u>108.75</u>	1.0	
7		SEATS & TRACKS				
8	Repl	Seat back assy w/leather charcoal	1	1,625.96	1.0	
9	Repl	Wire harness seat, US built w/heated	1	50.11		
10	R&I	LT R&I front seat			0.5	
11		CONSOLE				
12	R&I	R&I console assy			0.9	
13		ROOF				
14	Repl	Headliner	1	975.84	4.0	
15		PILLARS, ROCKER & FLOOR				
16	R&I	LT Rocker molding US built			0.5	
17	R&I	LT Wndshld plr trim US built			0.2	
18	R&I	LT Uptr ctr plr trim US built			Incl.	
19	R&I	LT Lwr ctr plr trim almond US built			0.2	
20		QUARTER PANEL				
21	*	Rpr LT Quarter panel			<u>3.0</u>	2.7
		NOTE: REPAIR LOWER AREA UNDER COVER				
22		Add for Clear Coat				1.1
23	#	Refn PARTIAL REFINISH ADJUSTMENT				-1.7
		NOTE: REFINISH LOWER AREA ONLY. CUT CLEAR AT BUMPER MOUNT AREA				
24	R&I	LT Pressure vent			0.1	
25	Repl	LT Wheelhouse liner	1	44.05	0.3	
26	Repl	LT Wheelhouse mldg	1	26.62	0.1	
27		REAR BUMPER				
28		O/H rear bumper			1.5	
29	**	Repl A/M CAPA Bumper cover	1	282.00	Incl.	2.8
		NOTE: LOWER TEXTURE DAMAGE				
30		Add for Clear Coat				1.1
31	#	R&I STEP PAD			0.5	
32		WHEELS				

Estimate of Record

2015 NISS Rogue SL AWD 4D UTV 4-2.5L Gasoline Sequential MPI BLACK

33	**	Repl	RECOND LT/Rear Wheel alloy 18"	1	189.00	m	0.3	
34	#	Subl	4 WHEEL ALIGNMENT	1	79.99			
35	#	Subl	MOUNT AND BALANCE TIRE	1	20.00			
36			REAR SUSPENSION					
37		Repl	LT Knuckle US built	1	219.87	m	2.0	
			NOTE: LABOR; Time includes R&R rotor, hub assembly, splash shield and knuckle.					
			NO AFTERMARKET AVAIL					
38		Repl	LT Trailing arm	1	45.82	m	0.6	
39			Deduct for Overlap				-0.3	
40	**	Refn	A/M CORROSION PROTECTION					0.2
41	**	Repl	A/M CAR COVER	1	5.00		0.2	
42	**	Repl	A/M FLEX ADDITIVE	1	5.00			
43			OTHER CHARGES					
44	#		Towing	1	263.50			
45	#		E.P.C.	1	0.00			
SUBTOTALS					5,115.91		18.5	6.2

NOTES

Estimate Notes:

*****LIABILITY ACCEPTED*****

5 DAY REPAIR, 1-2 DAYS FOR PARTS ORDER RECEIVE.

EST COMP 9/29.

UNRELATED PRIOR DAMAGES NOTED.

TOW BILL \$263.50

VEHICLE IS NOT DRIVABLE, AIR BAGS DEPLOYED.

OWNER TO USE LUSSIERS FOR REPAIRS.

A/P WITH KEVIN AT SHOP.

*****VERBAL DOP ON FILE, PAY SHOP DIRECT*****

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			4,852.41
Body Labor	18.5 hrs @	\$ 50.00 /hr	925.00
Paint Labor	6.2 hrs @	\$ 50.00 /hr	310.00
Paint Supplies	6.2 hrs @	\$ 30.00 /hr	186.00
Other Charges			263.50
Subtotal			6,536.91
Sales Tax	\$ 6,536.91 @	7.0000 %	457.58
Total Cost of Repairs			6,994.49
Total Adjustments			0.00
Net Cost of Repairs			6,994.49

Estimate of Record

2015 NISS Rogue SL AWD 4D UTV 4-2.5L Gasoline Sequential MPI BLACK

All supplements must be pre-approved by Travelers. Please call 888-299-7456 (prompt 2)

Supplement repair charges may be subject to rejection unless approved by Travelers prior to repairs.

This instrument is not an authorization to repair. Repair must be pre-authorized by the vehicle owner.

Vehicle owner maintains the right to repair vehicle at a repair facility of their choice.

Please present this estimate to the repair facility prior to repairs.

Should you wish to take this matter up with the New York State Department of Financial Services, you may file with the Department either on its website at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm> or you may write to or visit the Consumer Assistance Unit, Financial Frauds and Consumer Protection Division, New York State Department of Financial Services, at: One State Street, New York, NY 10004; One Commerce Plaza, Albany, NY 12257; 163B Mineola Boulevard, Mineola, NY 11501; or Walter J. Mahoney Office Building, 65 Court Street, Buffalo, NY 14202

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

You are entitled to the return of all replaced parts, except warranty and exchange parts, but you must ask for them in writing before any work is done. If you authorize work by phone, the shop must keep any replaced parts, and make them available when you pick up the vehicle.

THE PREPARATION OF THIS ESTIMATE MAY HAVE BEEN BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. THERE ARE WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS. THESE WARRANTIES ARE PROVIDED BY THE MANUFACTURER AND/OR DISTRIBUTOR OF THE PARTS RATHER THAN BY THE ORIGINAL MANUFACTURER OF YOUR VEHICLE.

Estimate of Record

2015 NISS Rogue SL AWD 4D UTV 4-2.5L Gasoline Sequential MPI BLACK

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARF3650, CCC Data Date 9/16/2016, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2017 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Estimate of Record

2015 NISS Rogue SL AWD 4D UTV 4-2.5L Gasoline Sequential MPI BLACK

PURSUANT TO SECTION 2610 OF THE INSURANCE LAW, AN INSURANCE COMPANY CANNOT REQUIRE THAT REPAIRS BE MADE TO A MOTOR VEHICLE IN A PARTICULAR PLACE OR REPAIR SHOP. YOU HAVE THE RIGHT TO HAVE YOUR VEHICLE REPAIRED IN THE SHOP OF YOUR CHOICE.

Estimate of Record

2015 NISS Rogue SL AWD 4D UTV 4-2.5L Gasoline Sequential MPI BLACK

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price
29	KEYSTONE - ALBANY, NY 70 KARNER ROAD ALBANY NY 12205 (518) 452-7730	#NI1100295C A/M CAPA Bumper cover Quote: 83301470 Expires: 11/03/16	\$ 282.00
33	KEYSTONE - ALBANY, NY 70 KARNER ROAD ALBANY NY 12205 (518) 452-7730	#ALY62619U20 RECOND LT/Rear Wheel alloy 18" Quote: 83301470 Expires: 11/03/16	\$ 189.00

ACCIDENT INFORMATION EXCHANGE FORM

NY State Law requires that any accident resulting in a fatality, injury or damage to property of any person (including damage to your vehicle) or entity over \$1000 be reported by YOU to the Department of Motor Vehicles (DMV) within 10 days after an accident. Failure to report an accident or failure to give correct information is a misdemeanor and may result in the suspension/revocation of your driver's license (or operating privilege in NYS) and all vehicle certifications or registrations.

Report your Accident to DMV on DMV form MV-104 (Report of Motor Vehicle Accident). Police Accident Reports (DMV form MV-104A) DO NOT satisfy YOUR civilian reporting requirement.

Accident Report #	Local Codes	Date	Time	# of Veh.	Town, City, Road Name
		09/15/2016	6:06 PM	2	HALFMOON TOWN OF - 4659 ROUTE 9
Police Agency			Officer's Name/Badge ID#		
SP CLIFTON PARK - 14503			BARCOMB BRANDON M 187		

VEHICLE # 001

Operator's Name		Date of Birth	Address	
			10 STONEY CREEK DR	
City/State/Zip	Motorist I.D.#	Vehicle Year and Make		License Plate # and State
CLIFTON PARK NY		2007 HOND		NY
Vehicle Type	Insurance Code and Company		Vehicle Owner	
4DSD	354 - TRAVELERS IND CO OF CT			
Vehicle Towed By			Vehicle Towed To	

Miscellaneous Notes

VEHICLE # 002

Operator's Name		Date of Birth	Address	
City/State/Zip	Motorist I.D.#	Vehicle Year and Make		License Plate # and State
TROY NY		2015 NISS		NY
Vehicle Type	Insurance Code and Company		Vehicle Owner	
SUBN	049 - IDS PROPERTY CASUALTY INSURANCE			
Vehicle Towed By			Vehicle Towed To	

Miscellaneous Notes

Please wait 14 days before contacting DMV to request a copy of your accident report.

If you want to purchase a copy of the police accident report, form MV-104A, complete DMV's "REQUEST FOR COPY OF ACCIDENT REPORT" form MV-198C and send it to DMV. The form and instructions are available at www.dmv.ny.gov or at your local DMV office.

To obtain a blank civilian Accident Report (Form MV-104),
visit the DMV office nearest you
or
access forms online at www.dmv.ny.gov



Name			Date of Order	7/30/16
Address				
	Email			
Day Phone	Ext.	Evening Phone	Date Promised	
Customer Order No.	Order Written By		License No.	
Motor No.			Odometer 36,811	

Qty	Part Number & Descrip	Description Of Work	Amount
		☐ Lube ☐ Change Oil ☐ Oil Filter ☐ Tune up ☐ Trans. ☐ Diff.	
	Truckers	Repairs to Lt Box	
	64911 49	Truckers parts	
		labor	
		paint materials	6,994 49
	Truckers cues	supplement	1,219 20
		_____ Liters/Gals. of Gas @	Total Labor
		_____ Liters/Qts. of Oil @	Total Parts
		_____ kg./Lbs. of Grease @	Accessories
			Gas, Oil & Grease
			Sublet Repairs
			EPA/Waste Disposal
			Tax
			Total
			8213 69