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 ☐
21-MAR-2017	Reference No. 10967520

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City LOGANVILLE	**State** GA	**Zip Code** [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	Make	Model	Model Year
3N1BC1CPXA[redacted]	NISSAN	VERSA	2010

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	Powertrain	Multiple Failure:	Incident Date(s)
☐ Antilock Brakes ☐ Cruise Control			03-OCT-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed

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)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

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 2010 NISSAN VERSA. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V349000 (AIR BAGS); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.

GWINNETT PLACE NISSAN FINALLY REPLACED AIRBAG. AFTER RECEIPT OF 2ND RECALL NOTICE FOR THE SAME PROBLEM.

5/2/2017

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.

CUSTOMER #: [redacted]

[redacted]

INVOICE

GWINNETT PLACE NISSAN
2555 PLEASANT HILL RD · DULUTH, GEORGIA 30096
TEL (770) 476-7771 · FAX (770) 476-4388
www.gwinnettnissan.com
TELE: 770-476-7771
TOLL-FREE: 800-845-0385
SVC DIRECT: 770-813-6750
SVC FAX: 770-813-6789

[redacted]
LOGANVILLE GA [redacted]
HOME: [redacted] CONT: [redacted]
BUS: CELL:

SERVICE ADVISOR: 194426 STEVIE SHANK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	10	NISSAN VERSA NOTE	3N1BC1CPXAL[redacted]		37899/37899	T3218

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
20JAN10 DD			WAIT 02MAY17			CASH	02MAY17

R.O. OPENED	READY	OPTIONS:
09:22 02MAY17	12:20 02MAY17	DLR: [redacted] ENG:1.8_Liter

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A RECALL PM657			
RECALL CUSTOMER REQUESTS PERFORM OUTSTANDING RECALL/CAMPAIGN			
19071 W			(N/C)
1 98561-EM39A INFLATOR-AIR BAG ASST			(N/C)
2 4YT50 CONNECTOR			(N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:			0.00
37899 0.90 R&R PASS AIR BAG UNIT ASSY			
**********			
B MULTI-POINT VEHICLE INSPECTION			
55NIZINSP MULTI-POINT VEHICLE INSPECTION			
999 INWD			(N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:			0.00
**********			
C WASH AND VACUUM			
CAUSE: WASH AND VACUUM			
WASH WASH AND VACUUM			
999 INWD			(N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C:			0.00
**********			

AUTHORIZATION TO REPAIR
TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I authorize you to retain posession of this vehicle if the repairs listed hereon are not paid for.

CUSTOMER SIGNATURE X

DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturer, not the seller. Gwinnett Place Nissan hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and Gwinnett Place Nissan neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY