INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

Form Approved: O.M.B. No. 2127-0008

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 ☐
14-JUL-2018	Reference No. 11111369

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City REDDING	State CA	Zip Code	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
3N1CN7AP4F	NISSAN	VERSA	2015

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

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 06-JUL-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 150000 SEAT BELTS, 030000 BRAKES (PWS)	Failure Mileage	Failure Speed 50

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	1	0	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).

I WAS DRIVING ON THE INTERSTATE. TRAFFIC WAS SLOWING DOWN, I TOOK MY FOOT OFF ACCELERATOR TO SLOW WITH TRAFFIC AHEAD OF ME. THE CAR INFRONT OF ME STOPPED ABRUPTLY AND MY CAR WOULDNT STOP. MY BRAKE PEDDAL WA ALL THE WAY TO THE FLOOR. CAR DIDNT STOP TIL I HIT ANOTHER CAR. ARI BAGS DIDNT DEPLOY AND MY SEAT BELT DIDNT LOCK. RESULTED IN LEFT HAND INJURY AND CHEST HITTING STEERING WHEEL(BRUISED CHEST). *TT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Nationwide

Date prepared February 21, 2019
Notice of loss date July 6 2018
Claim number [redacted]
Policy number [redacted]
Questions? Contact Claims Associate
Emily Barnes
BARNEE5 a nationwide.com
Phone 720-889-3229
Fax 877-548-0934

U.S. Department of Transportation,
National Highway Traffic Safety Administration
Office of Defects Investigation
1200 New Jersey Avenue Southeast, West Building
Washington, DC 20590-0001

[redacted]

Claim details

Insurer: Nationwide Insurance Company of America
Policyholder: [redacted]
Claimant: [redacted]
Claim number: [redacted]
Loss date: July 6, 2018
Complaint nmbr: 11111369

Dear U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation,

Please provide a status of complaint number 11111369 on behalf of our policyholder, [redacted]

For more information

If you have any questions or concerns, please contact me at 720-889-3229 or BARNEE5 a nationwide.com.

Sincerely,

Emily Barnes
Nationwide Insurance Company of America
P.O. Box 182068
Columbus, OH 43218-2068

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

[redacted]

Nationwide
is on your side

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FIRST CLASS

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0005
21 00085

PO BOX 182068
COLUMBUS, OH 43218-2068

02-26-19

U.S. DEPARTMENT OF TRANSPORTATION, NATIONAL HIGHW
OFFICE OF DEFECTS INVESTIGATION
1200 NEW JERSEY AVENUE SOUTHEAST, WEST BUILDING
WASHINGTON DC 20590-0001

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