



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

28-JAN-2019  
MAY 22 2019

Reference No.  
11172555

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City SOUTH PADRE ISLAND State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [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: 1N4AL3AP2H [REDACTED]  
Make: NISSAN Model: ALTIMA Model Year: 2017  
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: CHARLIE CLARK  
Original Owner:  Dealer's City: HARLINGEN, TX State: TX Zip Code: [REDACTED]  
Engine: No. of Cylinders: 4 Fuel Type: Gas  
Transmission Type: [REDACTED]  Antilock Brakes Powertrain: FRONT WHEEL DRIVE Multiple Failure: 1 Incident Date(s): 09-JUL-2018  
 Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS Failure Mileage: 33100 Failure Speed: 15

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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: 2 Number of Deaths: 0 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 OWNED A 2017 NISSAN ALTIMA. WHILE THE CONTACT WAS TRAVELING AS A PASSENGER AT APPROXIMATELY 15 MPH, THE VEHICLE WAS STRUCK ON THE FRONT DRIVER'S SIDE BY ANOTHER VEHICLE. ALL THE FRONTAL AND SIDE AIR BAGS DEPLOYED. POLICE REPORT NUMBER: [REDACTED] WAS FILED. THE DRIVER AND CONTACT WERE INJURED AND TRANSPORTED TO THE HOSPITAL VIA AMBULANCE. THE CONTACT STATED THAT THE AIR BAGS DEPLOYED WITH EXCESSIVE FORCE AND FRAGMENTS OF GLASS AND GRAVEL STRUCK HER FACE. BOTH OCCUPANTS WERE TREATED AND RELEASED. THE VEHICLE WAS TOWED TO AN IMPOUND LOT. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR DIAGNOSTIC TESTING. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE VEHICLE WAS DESTROYED. THE APPROXIMATE FAILURE MILEAGE WAS 33,100. \*DT\*JB

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 Administration 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.

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

We were impacted at interception turning south @ approximately 15 M.P.H. The other vehicle failed to yield right of way on a red light, I was the front passenger, the airbag deployed with excessive force and I almost lost my right eye for 3 surgeries and still under Drs care, I had an eye lens implant and loss of vision my right eye is now smaller than left eye. I really want to know where this radio-poll particles come from, I still have some on my eyebrows, nose and forehead.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

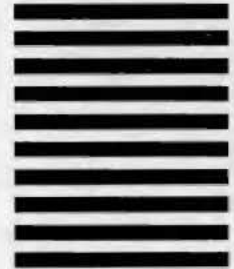
National Highway Traffic Safety Administration

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](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
888-327-4236



[www.nhtsa.gov](http://www.nhtsa.gov)

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



FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units | 2 | Total Num. Prns. | 5 | TxDOT Crash ID | [REDACTED]



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
Refer to Attached Code Sheet for Numbered Fields

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

**\*Crash Date (MM/DD/YYYY)** 07/09/2018 **\*Crash Time (24HRMM)** 0936 **Case ID** [REDACTED] **Local Use**

**\*County Name** CAMERON **\*City Name** LOS FRESNOS  Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No **Latitude (decimal degrees)** [REDACTED] **Longitude (decimal degrees)** [REDACTED]

**ROAD ON WHICH CRASH OCCURRED**

**\*1 Rdwy. Sys.** LR **\*Hwy. Num.** [REDACTED] **2 Rdwy. Part** 1 **Block Num.** 500 **3 Street Prefix** N **\* Street Name** ARROYO **4 Street Suffix** BLVD

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane **Speed Limit** 30 **Const. Zone**  Yes  No **Workers Present**  Yes  No **Street Desc.** [REDACTED]

**INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER**

**At Int.**  Yes  No **1 Rdwy. Sys.** LR **Hwy. Num.** [REDACTED] **2 Rdwy. Part** 1 **Block Num.** 100 **3 Street Prefix** W **Street Name** Old Fort **4 Street Suffix** RD

**Distance from Int. or Ref. Marker** [REDACTED]  FT  MI **3 Dir. from Int. or Ref. Marker** [REDACTED] **Reference Marker** [REDACTED] **Street Desc.** [REDACTED] **RRX Num.** [REDACTED]

**Unit Num.** 1 **5 Unit Desc.** 1  Parked Vehicle  Hit and Run **LP State** TX **LP Num.** [REDACTED] **VIN** 1G2NE52F54M [REDACTED]

**Veh. Year** 2004 **6. Veh. Color** GRY **Veh. Make** PONTIAC **Veh. Model** GRAND AM **7 Body Style** P4  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

**8 DL/ID Type** 4 **DL/ID State** TX **DL/ID Num.** [REDACTED] **9 DL Class** 5 **10 CDL End.** 5 **11 DL Rest.** 5 **DOB (MM/DD/YYYY)** [REDACTED]

**Address (Street, City, State, ZIP)** [REDACTED] SAN BENITO, TX [REDACTED]

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	[REDACTED]	N	[REDACTED]	W	1	1	1	1	97	N	2		2	99	99
2	1	3	[REDACTED]	C	[REDACTED]	W	2	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
3	2	6	[REDACTED]	C	[REDACTED]	W	1	1	5	1	97	N					

Owner  Lessee **Owner/Lessee Name & Address** [REDACTED] SAN BENITO, TX [REDACTED]

**Proof of Fin. Resp.**  Yes  No  Expired  Exempt **26 Fin. Resp. Type** 1 **Fin. Resp. Name** THE WOODLANDS INSURANCE COMPANY **Fin. Resp. Num.** [REDACTED]

**Fin. Resp. Phone Num.** [REDACTED] **27 Vehicle Damage Rating 1** 3 - R F Q - 4 **27 Vehicle Damage Rating 2** 1 - F R - 4 **Vehicle Inventoried**  Yes  No

**Towed By** ALL VALLEY WIDE **Towed To** 1202 S. ARROYO BOULEVARD

**Unit Num.** 2 **5 Unit Desc.** 1  Parked Vehicle  Hit and Run **LP State** TX **LP Num.** [REDACTED] **VIN** 1N4AL3AP2HC [REDACTED]

**Veh. Year** 2017 **6. Veh. Color** GRY **Veh. Make** NISSAN **Veh. Model** ALTIMA **7 Body Style** P4  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

**8 DL/ID Type** 4 **DL/ID State** TX **DL/ID Num.** [REDACTED] **9 DL Class** 5 **10 CDL End.** 5 **11 DL Rest.** 5 **DOB (MM/DD/YYYY)** [REDACTED]

**Address (Street, City, State, ZIP)** [REDACTED] PADRE ISLAND, TX [REDACTED]

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	[REDACTED]	N	[REDACTED]	W	2	1	1	5	97	N	96		96	97	97
2	2	3	[REDACTED]	C	[REDACTED]	W	2	1	1	5	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

Owner  Lessee **Owner/Lessee Name & Address** [REDACTED] PORT ISABEL [REDACTED]

**Proof of Fin. Resp.**  Yes  No  Expired  Exempt **26 Fin. Resp. Type** 1 **Fin. Resp. Name** TITAN/HOME STATE COUNTY MUTUAL INS. CO. **Fin. Resp. Num.** [REDACTED]

**Fin. Resp. Phone Num.** (800) 848-2687 **27 Vehicle Damage Rating 1** 1 0 - L F Q - 4 **27 Vehicle Damage Rating 2** 1 - F R - 2 **Vehicle Inventoried**  Yes  No

**Towed By** A&A wrecker Service **Towed To** 101 South Arroyo Blvd.

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units: 2 Total Num. Prns.: 5 TxDOT Crash ID: [REDACTED]



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)
Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
Refer to Attached Code Sheet for Numbered Fields

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION: \*Crash Date (MM/DD/YYYY) 07/09/2018, \*Crash Time (24HRMM) 0936, Case ID [REDACTED], Local Use [REDACTED], \*County Name CAMERON, \*City Name LOS FRESNOS, \*Outside City Limit [REDACTED].
ROAD ON WHICH CRASH OCCURRED: \*1 Rdwy. Sys. LR, \*Hwy. Num., 2 Rdwy. Part 1, Block Num. 500, 3 Street Prefix N, \*Street Name ARROYO, 4 Street Suffix BLVD.
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER: At Int. [REDACTED], 1 Rdwy. Sys. LR, Hwy. Num., 2 Rdwy. Part 1, Block Num. 100, 3 Street Prefix W, Street Name Old Port, 4 Street Suffix RD.
VEHICLE, DRIVER, & PERSONS: Unit Num., 5 Unit Desc., \*Parked Vehicle, \*Hit and Run, LP State, LP Num., VIN, Veh. Year, 6. Veh. Color, Veh. Make, Veh. Model, 7 Body Style, 8 DL/ID Type, DL/ID State, DL/ID Num., 9 DL Class, 10 CDL End, 11 DL Rest, DOB (MM/DD/YYYY).
Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, Enter Driver or Primary Person for this Unit on first line, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject, 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec, 24 Drug Result, 25 Drug Category.
Owner/Lessee Name & Address, Proof of Fin. Resp., 26 Fin. Resp. Type, Fin. Resp. Name, Fin. Resp. Num., 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried.
Towed By, Towed To.

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	2	VALLEY REGIONAL MEDICAL CENTER	LOS FRESNOS EMERGENCY MEDICAL SERVICES		
	1	3	VALLEY REGIONAL MEDICAL CENTER	LOS FRESNOS EMERGENCY MEDICAL SERVICES		
	2	2	Valley Regional Hospital	Los Fresnos Emergency Medical Service		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	NO DRIVER LICENSE	[REDACTED]
	1	1	DISREGARD RED LIGHT	[REDACTED]
	1	1	FAIL TO YIELD ROW TO VEHICLE IN INTERSECTION	[REDACTED]
	1	1	POSSESSION OF DRUG PARAPHERNALIA	[REDACTED]

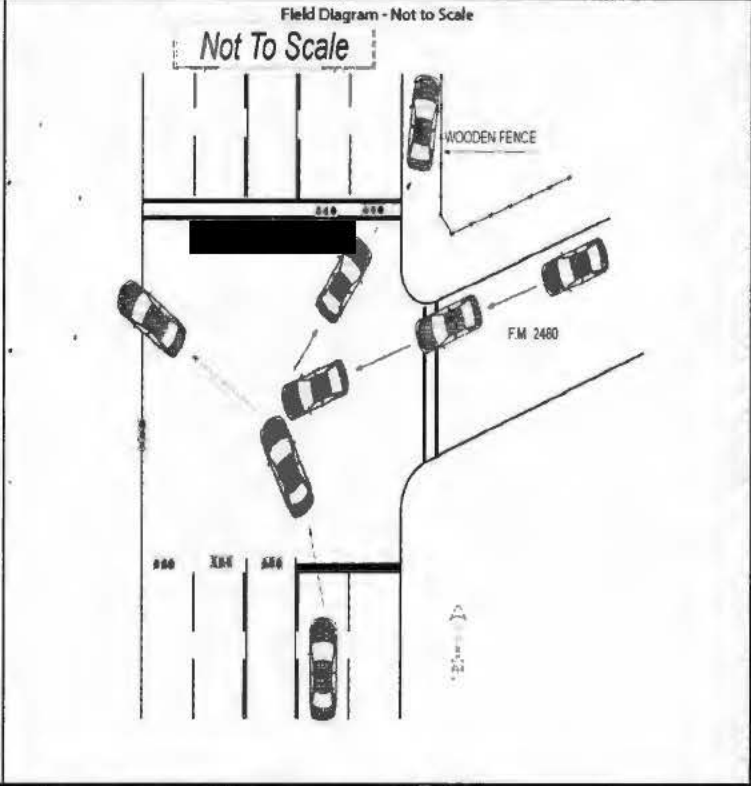
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	WOODEN FENCE	[REDACTED]	[REDACTED]

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.				30 Veh. Type		
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trfr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trfr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	33		68						1	1	2	2	1	1

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

UNIT 2 WAS TRAVELING WEST BOUND ON F.M. 2480 AND TURNED SOUTH BOUND ONTO [REDACTED] UNIT 1 WAS TRAVELING NORTH BOUND ON [REDACTED] DISREGARDED RED LIGHT AND FAILED TO YIELD RIGHT OF WAY AT THE INTERSECTION, STRIKING UNIT 2 ON THE FRONT LEFT END QUARTER WITH ITS RIGHT FRONT END QUARTER CAUSING DAMAGE TO BOTH VEHICLES. AFTER IMPACT, UNIT 2 STRUCK A WOODEN FENCE LOCATED AT 101 E. RESACA DRIVE CAUSING DAMAGE TO PRIVATE PROPERTY.



Time Notified (24HR:MM)	0   9   3   6	How Notified/Dispatch	Time Arrived (24HRMM)	0   9   3   6	Report Date (MM/DD/YYYY)	07/09/2018
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	RAMOS JR, ARTURO		ID Num.	167
ORI Num.	[REDACTED]	*Agency	LOS FRESNOS POLICE DEPARTMENT		Service/Region/DA	0   1

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	DRIVING [REDACTED]	[REDACTED]
	2	1	No driver license	[REDACTED]

DAMAGE	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

Time Notified (24HR:MM)	0 9 3 6	How Notified	Dispatch	Time Arrived (24HRMM)	0 9 3 6	Report Date (MM/DD/YYYY)	07/09/2018	
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	RAMOS JR, ARTURO				ID Num.	167
ORI Num.	[REDACTED]	*Agency	LOS FRESNOS POLICE DEPARTMENT				Service/Region/DA	0 1

Print

Close

Enlarged Vehicle Images for Stock No: [REDACTED]



[REDACTED]

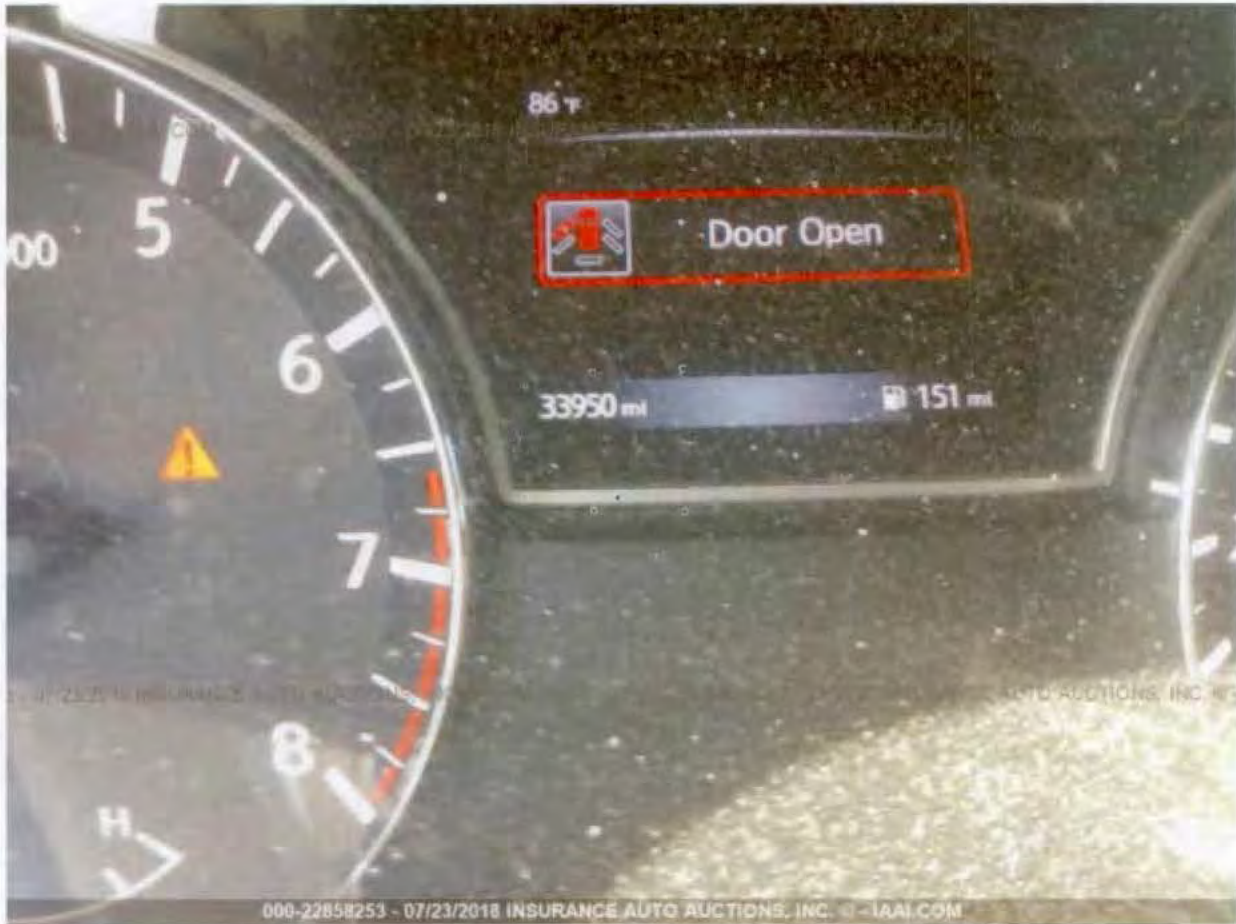




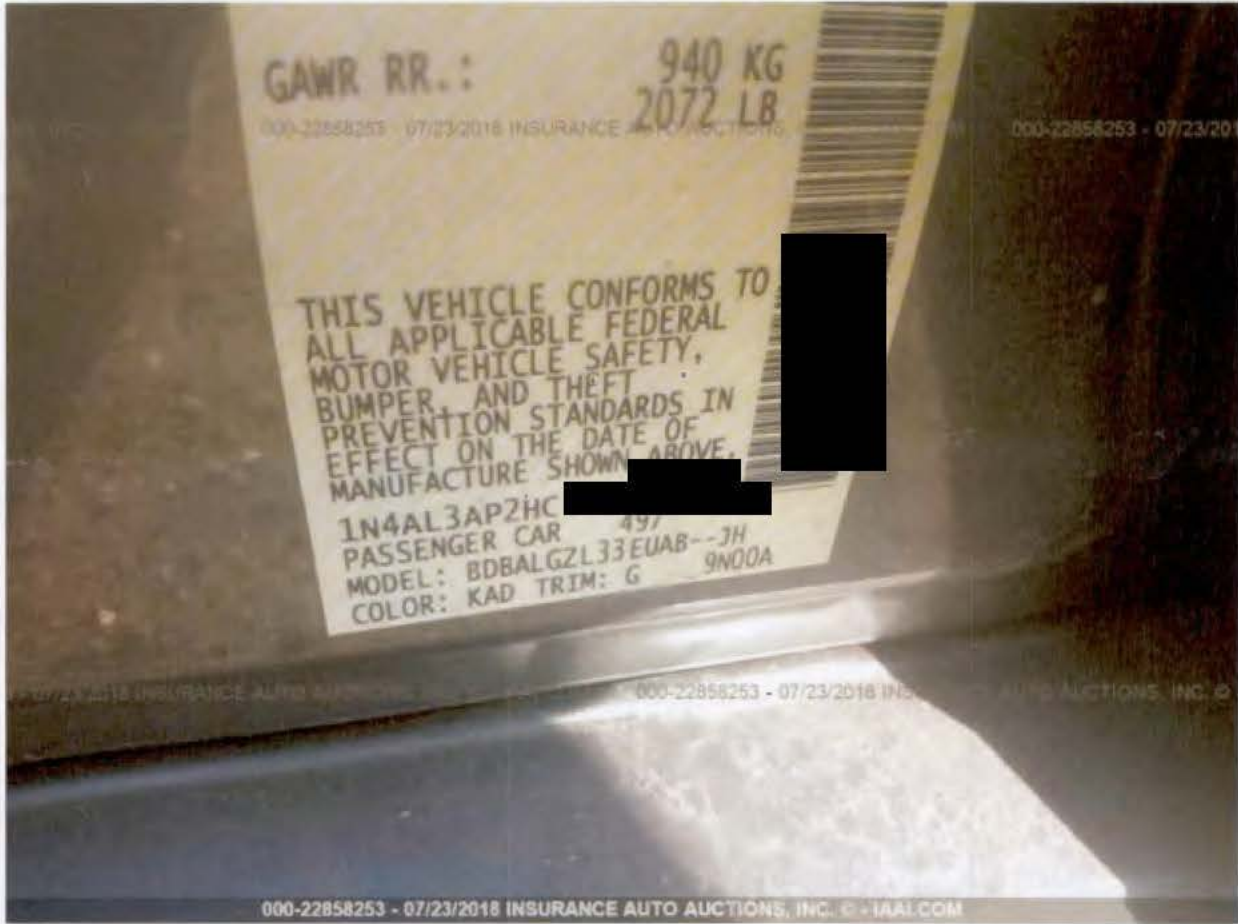






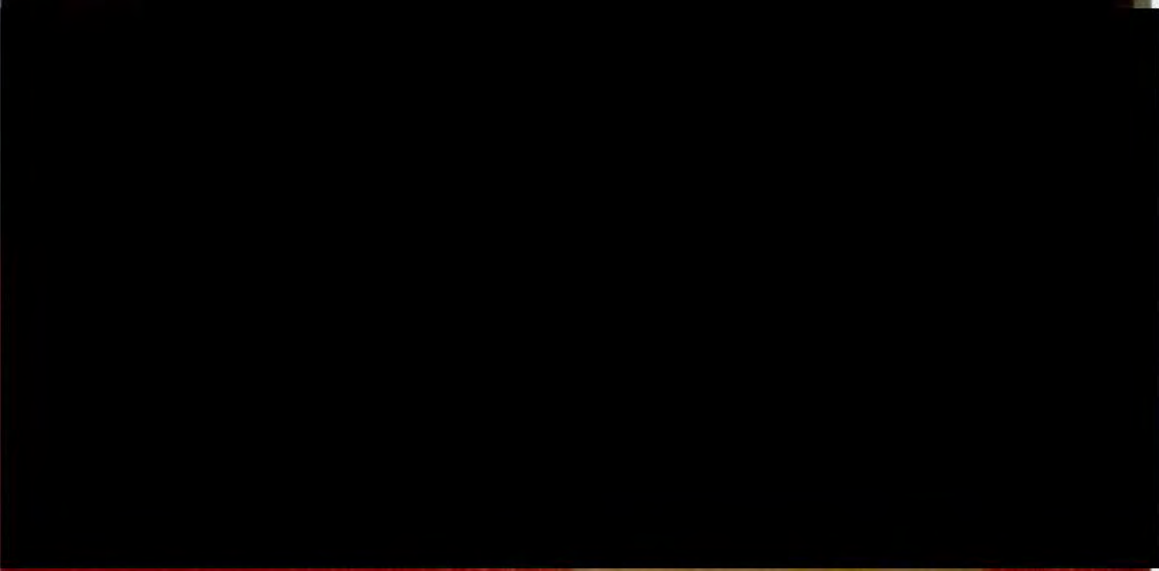
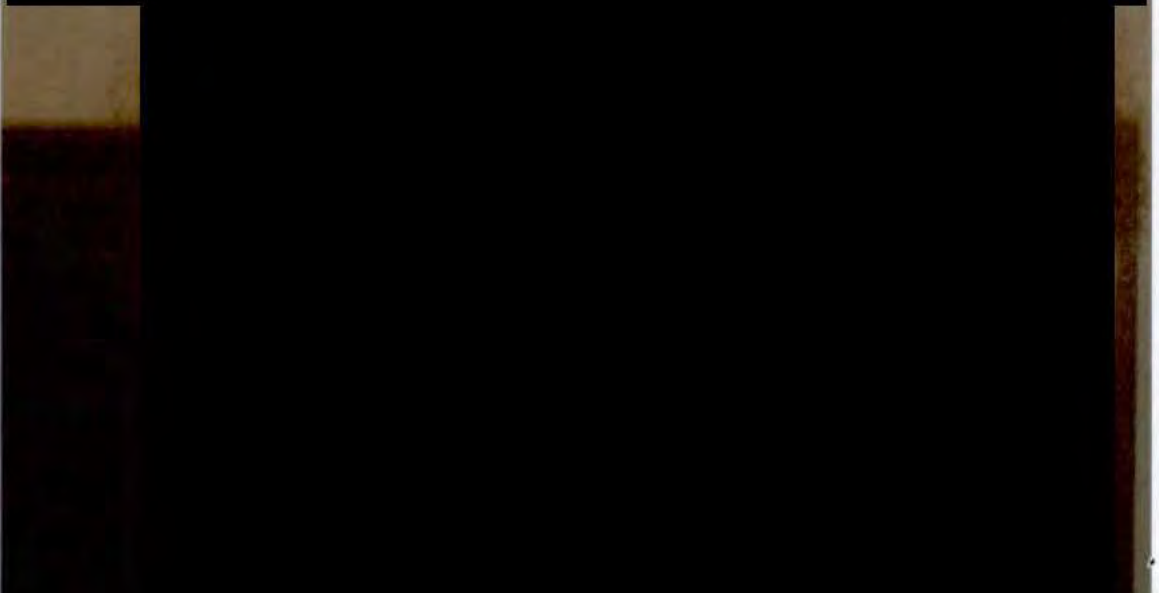
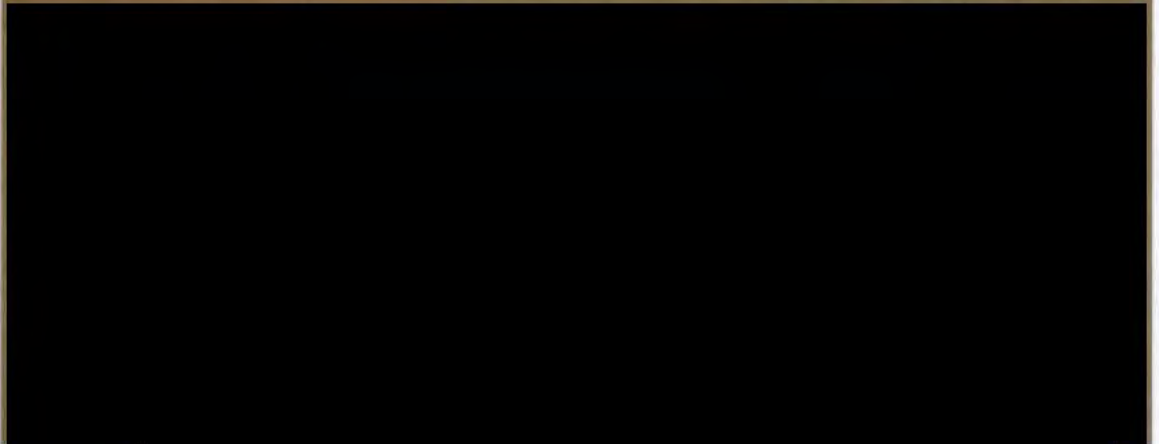


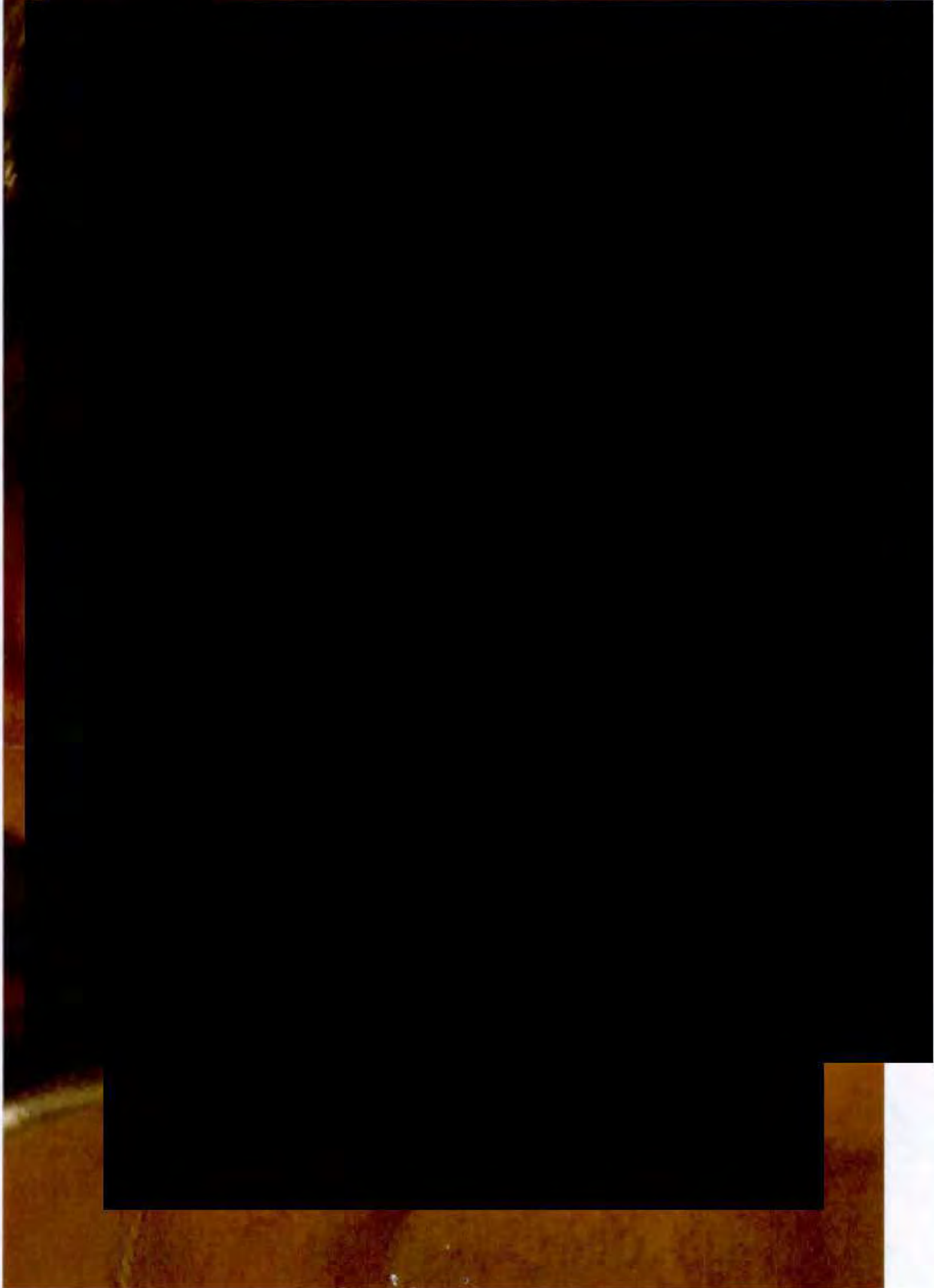




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To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.