

DOT Auto Safety Hotline				FOR AGENCY USE ONLY 100148	
 U.S. Department of Transportation National Highway Traffic Safety Administration 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 14-MAR-2019 MAY 01 2019	Repository ☐ Reference No. 11186760
				Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
OWNER INFORMATION (Type or Print)					
Name [REDACTED]		City AUSTIN		State TX	Zip Code [REDACTED]
Address [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 1N4AA6AP2HC [REDACTED]		Make NISSAN	Model MAXIMA	Model Year 2017	
Date Purchased March 2017	Dealer's Name and Telephone Number Town North Nissan		Engine: No: Cylinders 8	Fuel Type: Gas Premium	
Original Owner ☒	Dealer's City Austin	State TX	Zip Code 78758		
Transmission Type Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 12-MAR-2019	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 140000 AIR BAGS			Failure Mileage 28000	Failure Speed 30	
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 0	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 OWNS A 2017 NISSAN MAXIMA. WHILE THE CONTACT WAS DRIVING 30 MPH, THE PRECEDING VEHICLE MADE A SUDDEN LEFT TURN. THE CONTACT DEPRESSED THE BRAKE PEDAL, BUT CRASHED INTO THE PRECEDING VEHICLE. THE AIR BAGS DID NOT DEPLOY. THERE WERE NO INJURIES. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC. THE DEALER AND MANUFACTURER WERE NOT CONTACTED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS 28,000. 26,000. <i>was MANUFACTURER WAS CONTACTED. THE VEHICLE WAS DETERMINED TO BE A TOTAL LOSS. NISSAN (MORGAN ROBINSON) IS INTERESTED IN HAVING THE VEHICLE EXAMINED. OTHER DRIVER CITED FOR FAILURE TO YIELD RIGHT OF WAY WHEN MAKING A LEFT TURN. FIRE DEPARTMENT RESPONDED TO CLEAN UP RADIATOR FLUID SPILL & OTHER FLUIDS. Repair Invoice Not Available since vehicle was total loss. Vehicle is now in possession of insurance company. Fortunately, driver was not injured.</i>					
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 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.					

5 pages attached
1-2 Police Report
3-5 Photos of Vehicle

444

[illegible]

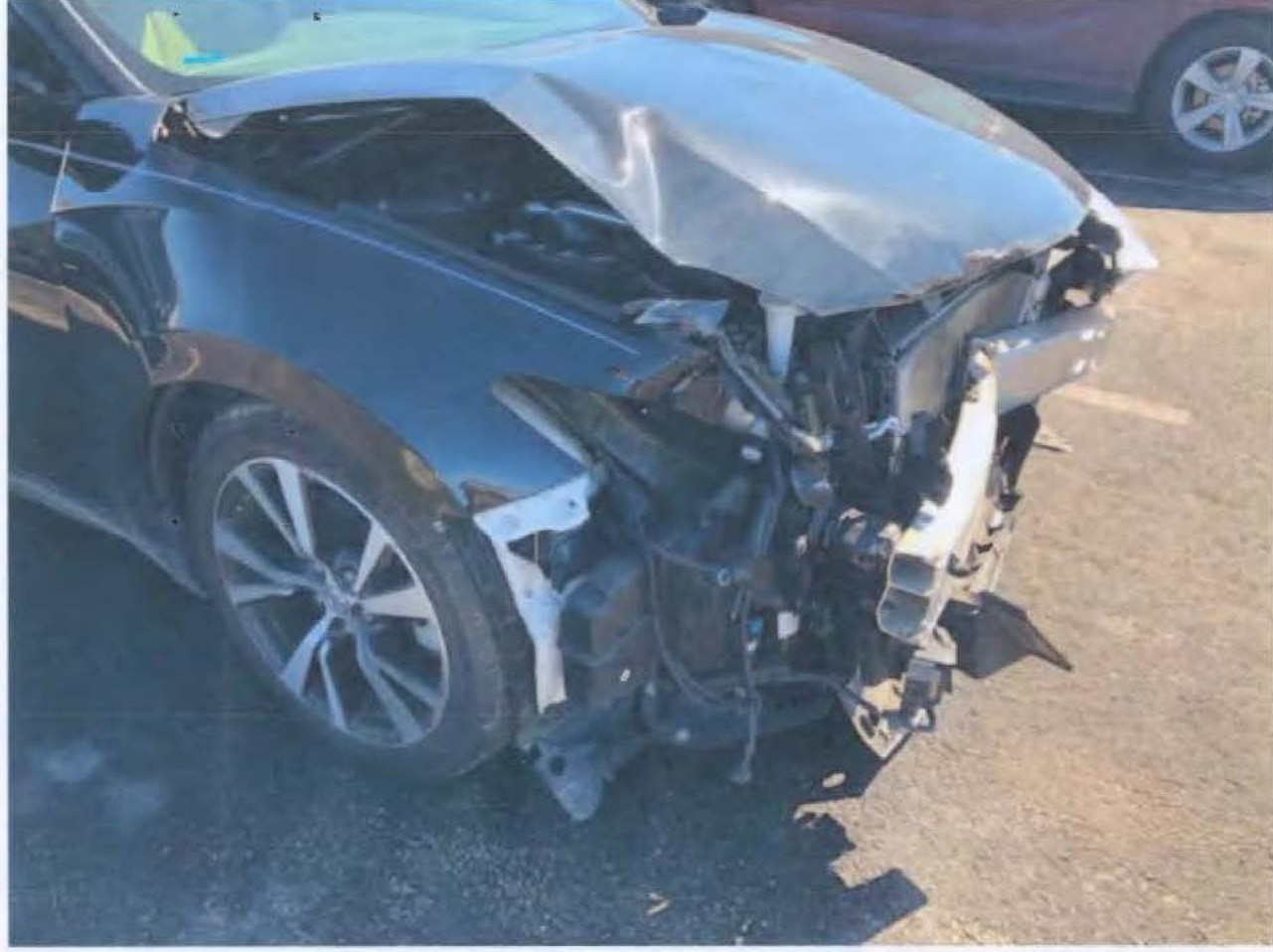
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COMPLETION OF REPORT REQUIRED																																																																																									
OCCUPANTS		1		3		TRAINED TO YIELD - LEFT TURN INTERSECTION																																																																																			
		3		3		DRIVING WHILE LICENSE INVALID - SUSPENDED																																																																																			
DAMAGE		Damaged Property (Other Than Vehicle)										Damaged Road										Damaged Structure																																																																			
VEHICLE		Unit 1		Unit 2		Unit 3		Unit 4		Unit 5		Unit 6		Unit 7		Unit 8		Unit 9		Unit 10																																																																					
		Make		Model		Year		Color		VIN		Engine		Transmission		Drive		Fuel		Tires																																																																					
		Type		Weight		Capacity		Occupancy		Status		Condition		Damage		Repair		Cost		Notes																																																																					
		Operator		Driver		Passenger		Pedestrian		Bicyclist		Motorist		Other		Status		Condition		Damage		Notes																																																																			
FACTORS & CONDITIONS		36 Contributing Factors (Investigator's Opinion)										37 Vehicle Defects (Investigator's Opinion)										38 Environmental and Roadway Conditions																																																																			
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NARRATIVE AND DIAGRAM		Investigator's Narrative (Minimum 100 words or 200 characters) UNIT 1 WAS TRAVELING [REDACTED] UNIT 2 WAS TRAVELING [REDACTED] UNIT 3 ATTEMPTED TO TURN LEFT ON [REDACTED] UNIT 1 FAILED TO YIELD THE RIGHT OF WAY TO UNIT 2. THE FRONT OF UNIT 2 CRASHED INTO THE RIGHT SIDE OF UNIT 1. NO INJURIES WERE REPORTED ON SCENE. UNIT 2 WAS TOWED BY FENDERS TOWING. THE DRIVER OF UNIT 1 RECEIVED TWO CITATIONS.										Investigator's Diagram (Sketch or Photo)																																																																													
		Investigator's Signature: [REDACTED] Date: 03/12/2019 Investigator's Title: [REDACTED] Investigator's Agency: [REDACTED] Investigator's Phone: [REDACTED] Investigator's Email: [REDACTED] Investigator's Address: [REDACTED] Investigator's City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Investigator's Country: [REDACTED]																																																																																							

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