



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: 22-APR-2019
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: ROCHESTER State: NY Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] 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: KNMATZMT0J [REDACTED]
Make: NISSAN Model: ROGUE Model Year: 2018
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): 16-MAR-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 010000 STEERING, 180000 VEHICLE SPEED CONTROL
Failure Mileage: Failure Speed: 10

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: DOTM4L9ABC036) 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: 2 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 RENTED A 2018 NISSAN ROGUE. WHILE DRIVING APPROXIMATELY 10 MPH THROUGH A PARKING LOT, THE FRONT DRIVER'S SIDE WHEEL MADE CONTACT WITH THE SIDE OF A CURB. AFTER MAKING CONTACT WITH THE CURB, THE VEHICLE SUDDENLY ACCELERATED TO APPROXIMATELY 80 MPH. DURING THE INCIDENT, THE VEHICLE MADE A SHARP 90 DEGREE TURN AND THE STEERING WHEEL BECAME VERY DIFFICULT TO TURN IN EITHER DIRECTION. THE VEHICLE CRASHED INTO A COMMERCIAL BUILDING. THE VEHICLE PENETRATED THE WALL AND STOPPED INSIDE THE BUILDING. BOTH THE DRIVER AND FRONT PASSENGER SUFFERED HEAD AND NECK INJURIES, WHICH REQUIRED MEDICAL TREATMENT. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED AWAY. THE CAUSE OF THE FAILURE WAS NOT DETERMINED. THE DEALER AND MANUFACTURER WERE NOT CONTACTED. THE FAILURE MILEAGE WAS UNKNOWN.

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.

ALLSTATE INSURANCE COMPANY

PO BOX 2874
CLINTON LA 52733-2874



[REDACTED]
ROCHESTER NY [REDACTED]

05/23/2019

OFFICE PHONE: 866-371-8905x4357777
OFFICE HOURS: MONDAY-FRIDAY 8:00-5:30

ALLSTATE INSURANCE COMPANY

RE: Claim Number: [REDACTED]
Date of Loss: 03/16/2019
Patient: [REDACTED]

**WE HAVE MADE A CLAIM PAYMENT.
THIS IS A COPY OF A LETTER SENT TO THE PAYEE.**

I recently received your request for reimbursement for treatment following the accident that occurred on the date shown above.

A check for full payment of your bill is attached. I have enclosed an Explanation of Benefits for your records.

Dana Boscarino

Dana Boscarino
Allstate Property Casualty Claim Service Organization
(866) 371-8905 ext 4357777

CT [REDACTED]

MCQ



EXPLANATION OF MEDICAL BILL PAYMENT

Service Provided For:
[REDACTED]
ROCHESTER NY [REDACTED]

Date: 05/23/2019
Bill Received Date: 05/06/2019
Claim #: [REDACTED]
File Handler: [REDACTED]
Invoice #: [REDACTED]
Injured Person: [REDACTED]
Treatment Rendered By: SOUTHWEST FLORIDA EMERGEN
Provider Specialty:
TIN: [REDACTED]
NPI: [REDACTED]
CMS ID:

Diagnosis Codes/Present on Admission Indicator
S16.1XXA Strain of muscle, fascia and tendon

Date Of Service(s)		Procedure/Revenue/NDC Code/Modifier	Description	Units	Billed Amount	Covered Amount	Reason Code (s)
From	Thru						
03/16/19	03/16/19	99284	Emergency department vis	1.00	\$ 1293.00	\$ 1293.00	
Total:					\$ 1293.00	\$ 1293.00	
Eligible Amount Based on 100% of Covered Amount				\$	1293.00		

If you have any questions about this claim, please contact your file handler,
DANA BOSCARINO at (866) 371-8905 ext 435777

Payment for \$ 1293.00 was made on 05/23/2019 to:
SOUTHWEST FLORIDA EMERGENCY

Copy(s) of this Explanation of Benefits has been sent to:
[REDACTED] ROCHESTER, NY [REDACTED]
SOUTHWEST FLORIDA EMERGENCY, PO BOX 636553 CINCINNATI, OH, 45263-6553



[REDACTED]



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NEF-160

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

OSI 11202867

US Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington , D.C 20590

[Redacted]
[Redacted]
Rochester NY [Redacted]

JUL 01 2019

May 31st 2019

Dear Sir,

We are returning the (VOQ) form to you as you requested .We are able to include the following documents.

EXECUTIVE SECRETARIAT
RECEIVED
2019 JUN 12 A 10:19

- 1 The VIN number : KNMAT2MTOJP [Redacted]
- 2. The police report of the accident.
- 3. Some correspondence we have made with the Rental Company
- 4. As the enclosed correspondence show we have been unable to obtain the crash data report from the rental company. According to the latest communication, the vehicle is located at
1240 W. Landstreet Road, Orlando, FL 32824.

We are concerned about public safety, that is why we initiated the report .

If we get any more information we will let you know.

Sincerely,

[Redacted Signature]

**WINTER HAVEN
POLICE**

FAX

125 N LAKE SILVER DR. N.W.
Winter Haven, Florida 33881
(863) 291-5858

DATE	April 9, 2019
TO	[REDACTED]
FAX NUMBER	[REDACTED]
FROM	Destiny Campbell – RECORDS DIVISION (863) 291-5858 ext. 2229
SUBJECT	Crash Report Request
TOTAL PAGES	Four (4) Including Cover
MESSAGE	I have received the notarized sworn statement form and the email with your driver's license. Attached is a copy of crash report [REDACTED] Have a great day! ☺

NOTE: *If copies are not received or illegible, please contact "Destiny Campbell" at (863) 291-5858.*

Please note:

This fax contains legally privileged and confidential information intended only for the individual or entity named within the message. If the reader of this message is not the intended recipient or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited. If this communication was received in error, please notify us by reply telephone at 863-291-5649 and destroy the original fax and any attachments.

**WINTER HAVEN POLICE DEPARTMENT
FAX NO. (863) 297-3001**

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

(Electronic Version)

HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32304-0537

Date of Crash 18/Mar/2019 03:58 PM, Time of Crash 18/Mar/2019 03:30 PM, Date of Report 18/Mar/2019 07:42 AM, Invest. Agency Report Number, HSMV Crash Report Number

CRASH IDENTIFIERS

County Code 05, City Code 82, County of Crash POLK, Place or City of Crash Winter Haven, Within City Limits Yes, Time Reported 18/Mar/2019 04:00 PM, Time Dispatched 18/Mar/2019 04:04 PM

ROADWAY INFORMATION

Crash Occurred On Street, Road, Highway, At Street Address#, At Latitude 29.004387 and Longitude -81.731237, At Feet 0, Or Miles, Direction, From Intersection With Street, Road, Highway, Or From Milepost #, Road System Identifier 8 Local, Type Of Shoulder 1 Paved, Type Of Intersection 1 Not at Intersection

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight, Weather Condition 1 Clear, Roadway Surface Condition 1 Dry, School Bus Related 1 No, Manner Of Collision 77 Other, Explain in Narrative, First Harmful Event Type, First Harmful Event 34, First Harmful Event Location 2 ON Roadway, Within Interchange No, First Harmful Event Relation to Junction 77 Other, Explain in Narrative, Contributing Circumstances: Road 1 None, Contributing Circumstances: Environment 1 None, Work Zone Related 1 No, Crash In Work Zone, Type Of Work Zone, Workers In Work Zone, Law Enforcement In Work Zone

VEHICLE (Check if Commercial)

Vehicle 1, Motor Vehicle Type 1 Vehicle In Transport, Hit and Run 1 No, Veh License Number, State FL, Reg. Expires 30/June/2019, Permanent Reg. No, VIN KNMAT2M70J, Year 2018, Make NISSA, Model ROGUE, Style 4D, Color Gray, Extent of Damage Disabling, Est. Damage 2000, Towed Due To Damage Yes, Vehicle Removed By WEBBS, Rotation Relation, Insurance Company ALL STATE, Insurance Policy Number, Name of Vehicle Owner (Check Box if Business) THE HERTZ CORPORATION, Current Address (Number and Street) PO BOX 24130, City and State OKLAHOMA CITY OK, Zip Code 731344130

Trailer One: License Number, State, Reg. Expires, Permanent Reg., VIN, Year, Make, Length, Axles, Trailer Two: License Number, State, Reg. Expires, Permanent Reg., VIN, Year, Make, Length, Axles

Vehicle Traveling: Direction East, On Street, Road, Highway, At Est. Speed 35, Posted Speed 15, Total Lanes 0

GVW Configuration, Cargo Body Type, Area of Initial Impact, Most Damaged Area, Comen GVW/GCWR, Trailer Type (trailer one), Trailer Type (trailer two), Haz. Mat. Release, Haz. Mat. Placard, Number, Class, Motor Carrier Name, US DOT Number

Motor Carrier Address, City and State, Zip Code, Phone Number

Comm/Non-Commercial, Vehicle Body Type 18 (Sport) Utility Vehicle, Vehicle Defects (one) 1 None, Vehicle Defects (two), Emergency Vehicle Use 1 No, Special Function of MV 1 No Special Function, Vehicle Maneuver Action 77 Other, Explain in Narrative, Trailway 88 Unknown, Roadway Grade 1 Level, Roadway Alignment 1 Straight, Most Harmful Event 3 Collision with Non-Fixed Object, Most Harmful Event Detail 14 Motor Vehicle In Transport, Traffic Control Device For This Vehicle 1 No Controls, First (1) Sequence of Events 2 Collision with Non-Fixed Object, Second (2) Sequence of Events, Third (3) Sequence of Events, Fourth (4) Sequence of Events 14 Motor Vehicle In Transport

PERSON RECORD

Person 1, Description 1 Driver, Vehicle # 1, Name, Date of Birth, Sex 1 Male, Phone Number, Re-Exam No, Address, City ROCHESTER, State NY, Zip Code, Driver License Number, State NY, Expires 12/Feb/2020, DL Type 4 D/Chauffeur, Req. End. 2 No, Injury Severity 1 None, Ejection 1 Not Ejected

Date of Crash 16/Mar/2019 08:30 PM		Date of Report 16/Mar/2019 08:30 PM		Invest Agency Report Number [REDACTED]		HBMV Crash Report Number [REDACTED]	
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 8 Deployed-Combination		Helmet Use		Eye Protection	
Seating Location Seat 1 Left		Seating Location Row 1 Front		Seating Location Other			
Drivers Actions at Time of Crash (first) 26 Over-Correcting/Over-Steering				Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	
Drivers Actions at Time of Crash (third)				Drivers Actions at Time of Crash (fourth)		Vision Obstruction 1 Vision Not Obscured	
Suspected Alcohol Use 1 No		Alcohol Tested 1 Test Not Given		Alcohol Test Type		Alcohol Test Result	
BAC		Suspected Drug Use 1 No		Drug Tested 1 Test Not Given		Drug Test Type	
Drug Test Result		Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number	
						Medical Facility Transported To	

PERSON RECORD

Person# 2		Description 3 Passenger		Vehicle # 1		Name [REDACTED]		Date of Birth [REDACTED]		Sex 1 Male		Injury Severity 1 None		Ejection 1 Not Ejected	
Address [REDACTED]				City ROCHESTER				State NY		Zip Code [REDACTED]					
Restraint System 3 Shoulder and Lap Belt Used		Air Bag Deployed 8 Deployed-Combination		Helmet Use		Eye Protection		Seating Location Seat 3		Seating Location Row 1		Seating Location Other			
Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To									

WITNESSES

Name [REDACTED]		Address [REDACTED]		City WINTER HAVEN		State FL		Zip Code [REDACTED]	
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VIOLATIONS

Person# 1		Name [REDACTED]		Florida Statute Number [REDACTED]		Charge CARELESS DRIVING		Citation [REDACTED]	
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NON VEHICLE PROPERTY DAMAGE

Vehicle#		Person#		Property Damage - Other Than Vehicle WEST SIDE OF THIS BUILDING, WALL, GLASS E		Est. Amount 10000		Business No		Owner's Name TACO BELL		Address 1700 3RD ST SW		City & State WINTER HAVEN FL		Zip Code 33890	
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NARRATIVE

Vehicle 1 was parked in a parking space at Taco Bell [REDACTED] when put his vehicle in reverse to back out of the parking space. Vehicle 1 stated that he then put the vehicle in drive and started to drive away, but ran up onto a curb in the parking lot. Vehicle 1 stated that he is not really sure what happened after that, but does remember running into the side of the building.

The driver and passenger refused medical treatment while EMS was on scene, but stated that they might go get checked out at a later date.

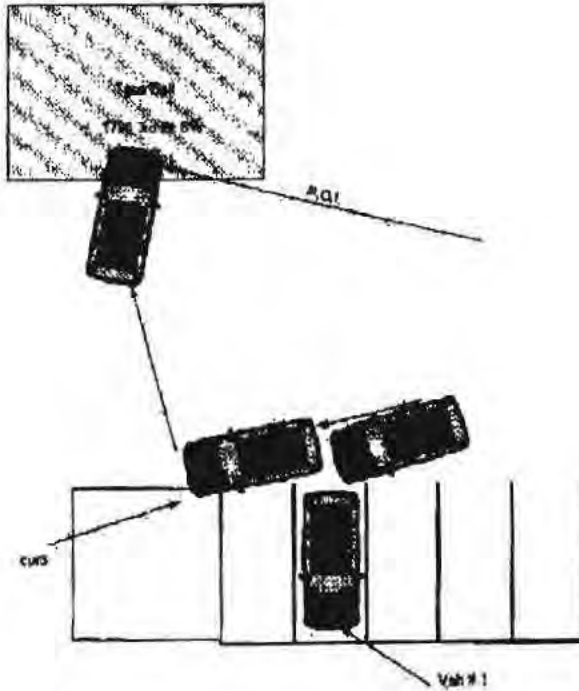
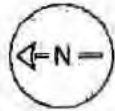
Vehicle 1 had sever front end damage, which was approximately \$20,000 dollars in damages. The building had an approximate amount of damage of \$100,000 dollars.

Webb's wrecker service responded to the scene and removed vehicle 1. I issued the driver of vehicle 1 a citation, [REDACTED] for careless driving, and gave him a WHPD case number. I took no further action in this case.

REPORTING OFFICER

ID/Badge # 529		Rank and Name OFFICER GREGORY MATTHEWS				Department WINTER HAVEN PD		Type of Department PD	
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Date of Crash 18/Mar/2019 03:50 PM	Date of Report 18/Mar/2019 03:50 PM	Invest. Agency Report Number [REDACTED]	HSMV Crash Report Number [REDACTED]
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Not To Scale