

 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> 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	
	OWNER INFORMATION (Type or Print)			Date Received 06-AUG-2020	Repository <input type="checkbox"/> Reference No. 11343613
Name [REDACTED]			Daytime Telephone Number [REDACTED]		E-mail Address [REDACTED]
Address [REDACTED]			Evening Telephone Number [REDACTED]		
City CINCINNATI	State OH	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).					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3N1AB7AP4JL [REDACTED]		Make NISSAN	Model SENTRA	Model Year 2018	
Date Purchased 6-1-2019	Dealer's Name and Telephone Number Enterprise car sales 513-677-8000		Engine: No. Cylinders	Fuel Type:	
Original Owner <input type="checkbox"/>	Dealer's City Cincinnati	State OH	Zip Code 45215		
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:		Incident Date(s) 05-AUG-2020	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Code(s): 140000 AIR BAGS			Failure Mileage 56000	Failure Speed	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DC1MAL9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code			Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	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 OWNS A 2018 NISSAN SENTRA. THE CONTACT STATED THAT WHILE MAKING A LEFT TURN OUT OF A GAS STATION, HER VEHICLE WAS HIT ON THE FRONT PASSENGER SIDE BY ANOTHER VEHICLE. THE CONTACT WAS HAVING PAIN IN HER SHOULDERS, BACK AND STOMACH. SHE ALSO HIT HER HEAD BUT DID NOT INITIALLY GO TO THE HOSPITAL UNTIL THE NEXT DAY. THE CONTACT DID NOT KNOW IF THE OTHER DRIVER WAS INJURED. A POLICE REPORT WAS FILED AND NONE OF THE FRONTAL AIR BAGS DEPLOYED. THE VEHICLE WAS TOWED TO A TOWING COMPANY LOT. THE CONTACT'S INSURANCE COMPANY WILL DETERMINE IF THE VEHICLE WILL BE TOTALLED. THE DEALER AND MANUFACTURER HAD NOT BEEN CONTACTED YET. THE FAILURE MILEAGE WAS 56,000.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) apply to this information. This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and its 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.					



## Self-Serve Fax Cover Sheet

To: AHIS

Fax #: 202-366-1767

Date: 8-27-2020

Number of Pages (Including Cover): 1

From: [REDACTED]

Phone: [REDACTED]

Reply Fax #: \_\_\_\_\_

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