

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

|                                                                                                       |  |                                                                                                                                                                                    |  |                                                                      |  |
|-------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|
| <b>U.S. Department of Transportation</b><br><br><b>National Highway Traffic Safety Administration</b> |  | <b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET:www.nhtsa.dot.gov/hotline</b> |  | <b>FOR AGENCY USE ONLY 100148</b>                                    |  |
|                                                                                                       |  | Date Received<br><br>29-APR-2021<br><br><b>AUG 12 2021</b>                                                                                                                         |  | Repository <input type="checkbox"/><br><br>Reference No.<br>11414495 |  |
|                                                                                                       |  | Daytime Telephone Number<br>[REDACTED]                                                                                                                                             |  | E-mail Address<br><br>Evening Telephone Number                       |  |

|                                          |       |            |  |
|------------------------------------------|-------|------------|--|
| <b>OWNER INFORMATION (Type or Print)</b> |       |            |  |
| Name [REDACTED]                          |       |            |  |
| Address [REDACTED]                       |       |            |  |
| City                                     | State | Zip Code   |  |
| WARNER ROBBINS                           | GA    | [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<br>3N1AB7AP6GY [REDACTED] |                                                                       | Make<br>NISSAN           | Model<br>SENTRA                 |
| Date Purchased                                                                                                    | Dealer's Name and Telephone Number<br>Five Star Nissan (478) 987-5030 | Engine:<br>No: Cylinders | Model Year<br>2016              |
| Original Owner<br><input checked="" type="checkbox"/>                                                             | Dealer's City<br>Warner Robins                                        | State<br>GA              | Zip Code<br>31088               |
| Transmission Type<br><input type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control          | Powertrain                                                            | Multiple Failure:        | Incident Date(s)<br>07-JUN-2016 |

|                                                                                         |  |                       |
|-----------------------------------------------------------------------------------------|--|-----------------------|
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                          |  |                       |
| Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 010000 STEERING, 060000 ENGINE (PWS) |  | Failure Mileage<br>10 |
| 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: DOTM19ABC036)                                       | <input type="checkbox"/> Original Equipment<br><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><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).) |                                                                             |                           |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured |
|                                                                                                                                |                                                                             | Number of Deaths          |
|                                                                                                                                |                                                                             | Reported to Police<br>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).

TL\* THE CONTACT OWNS A 2016 NISSAN SENTRA. THE CONTACT STATED THAT THE DAY AFTER PURCHASING THE VEHICLE, THE INSTRUMENT PANEL WENT BLANK AND THE VEHICLE FAILED TO START-UP AFTER MULTIPLE ATTEMPTS. THE VEHICLE EVENTUALLY STARTED AND THE CONTACT TOOK THE VEHICLE BACK TO FIVE STAR NISSAN OF WARNER ROBBINS (839 WARREN DR, WARNER ROBBINS, GA 31088) WHERE THE VEHICLE REMAINED IN DEALER POSSESSION FOR TWO WEEKS. THE CONTACT THEN STATED THAT UPON RETURN OF THE VEHICLE, THE POWER STEERING INTERMITTENTLY FAILED TO OPERATE AS NEEDED, WITHOUT WARNING. THE VEHICLE WAS TAKEN BACK TO THE DEALER WHERE THE STEERING WHEEL WAS REPLACED HOWEVER, THE FAILURE PERSISTED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE BUT OFFERED NO ASSISTANCE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 10.

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.

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

\*Replacement\*-Wiring Harness, Steering Wheel,  
Door handles (Coming off), rear wheel hub, Cabin  
Air Filter, Lube Oil and Filter Service, ABS Actuator,  
tire wear (Front), Key Error Light, Vehicle won't  
Start @ times, Seat Belt Light stays on,  
Door seal (Drivers side), Rattle Noise when hitting  
Bumps/turning, Rear Shocks (Never) work,  
Transmission Replacement, Mass Air Flow Sensor  
lost Calibration, Paint flaking from rear bumpers

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**



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

