



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY** 1367

Date Received

03-JUN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8010915

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Locate at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE FILL IN	NISSAN	ALTIMA	1995			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 06-FEB-2000 Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BOTH AIR BAGS DEPLOYED WITHOUT VEHICLE BEING IN AN ACCIDENT.\*AK

CONTINUE ON REVERSE

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.

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CONTINUE ON BACK IF NEEDED

**BOTH AIR BAGS DEPLOYED WITHOUT VEHICLE BEING IN AN ACCIDENT. AK**  
**DRIVER IS 4 FT 11 IN HEIGHT. DRIVER HAS TENDIS OF THE**  
**NECKLINE BECAUSE OF THE EVENT. WAS STOPPED WHEN**  
**AIRBAGS DEPLOYED, DURING EVENT TOOK FOOT OFF BRAKE**  
**AND VEHICLE WENT FORWARD UNTIL IT HIT THE BUMPER OF**  
**VEHICLE 3 FT IN FRONT. ON 6/10/02**

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

Crash	<input type="checkbox"/> Yes <input type="checkbox"/> No	File	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	1	Number of Fatalities	0	Estimated Property Damage		Reported to Police	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No of Failures	121114000	Component	Interior Systems: Passenger Restraints: Air Bag-Frontal
Date(s) of Failure(s)	06-FEB-2000	Part Name(s)	
Mileage at Failure(s)		Location	Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>
Vehicle Speed at Failure(s)		Failed Parts	Failed Parts <input type="checkbox"/> Original Replacement <input type="checkbox"/>
Failed (Part(s))		Previously	Yes <input type="checkbox"/> No <input type="checkbox"/>
NHTSA			Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Transmission Type	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual	Restraint System	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger-side Airbag
Antilock Brakes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Min van <input type="checkbox"/> Other <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	Engine Size	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
City	State	Zip Code	
Dealer's Name		Engine Size	<input type="checkbox"/> CID/CCL <input type="checkbox"/> No Cylinders
Purchase Date		Body Style	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

**PLEASE FILL IN**

Vehicle Ident. No. (VIN)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	NISSAN	ALTIMA	1995	

**VEHICLE INFORMATION**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_  
 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES  NO   
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

**OWNER INFORMATION (Type or Print)**

Work Num	Home Num
756840	CO
ENGLEWOOD	

**Vehicle Owner's Questionnaire (VOQ)**

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4236  
 NATIONWIDE 1-888-DASH-2-DOT

DOT Auto Safety Hotline

Date Received: 03-JUN-2002  
 Office: DEFECTS INVESTIGATIVE  
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