

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 333

Date Received

08-FEB-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

856461

 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>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1N4BU31F0PC207990	NISSAN	ALTIMA	1993	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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
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No. of Failures	Date(s) of Failure(s) 02-FEB-2000 Mileage at Failure(s) 07000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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)

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

WHILE DRIVING ON LOCAL STREET AND APPROACHING AN INTERSECTION, POLICE OFFICER IN FRONT STOPPED. CONSUMER'S VEHICLE ALSO STOPPED. BUT VEHICLE IN REAR DIDN'T STOP AND REARENDED CONSUMER'S VEHICLE. PASSENGER'S AUTOMATIC SEAT BELT TIGHTENED, THEN RELEASED, AND GOT STUCK IN THE MIDDLE. DIDN'T CONTACT THE DEALER. *AK

CONTINUED ON BACK PLEASE

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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08 FEB 15 2000
08-FEB-2000
DEFECTS INVESTIGATION

Od_or

R_dt

od_rt

up_tr

BY

Reference No.

856461

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized agent, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

YES

NO

Signature of Owner

Date 2/21/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(1 located on bottom of windshield on driver's side)</small> 1N4BU3IFOPC207990	Vehicle Make NISSAN	Vehicle Model ALTIMA	Vehicle Year 1993	Current Odometer Reading 88700		
Purchase Date 93	Dealers Name Security Nissan	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Baltimore	State MD	No. Cylinders			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 02-FEB-2000 Mileage at Failure(s) 87000 Vehicle Speed at Failure(s) Standing still	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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CONTINUE ON BACK IF NEEDED

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02/06/2000 at 01:21 PM
44979

0136984720101023-C2

GEICO
BALTIMORE OFFICE
FOR A FREE RATE QUOTE, CALL 1-800-947-AUTO
1047 CROMWELL BRIDGE ROAD
TOWSON, MD 21286
(410)583-1500 Fax: (410)583-8426

ESTIMATE OF RECORD

Written by: Craig Summerfield # 02/06/2000 01:18 PM
Adjuster: H516 EXT: FCC: #

Insured: [REDACTED]
Owner: [REDACTED]
Address: [REDACTED]
Evening: [REDACTED]
Business: [REDACTED]

Claim: [REDACTED]
Policy: [REDACTED]
Date of Loss: 02/02/2000 at 12:00 AM

Type of Loss: Liability
Point of Impact: 6. Rear

13

Inspect BALTIMORE D/I
Location: 1047 CROMWELL BRIDGE RD.
BALTIMORE, MD 21204-0000

Day: (410)583-1600x0000
DRIVE_IN

Repair OWNER'S CHOICE C774
Facility:

3 Days to Repair
License #

93 NISS ALTIMA GXE 4-2.4L-FI 4D SED BEIGE Int:

VIN: 1N4BU31F0PC207990 Lic: ATR 450 MD Prod Date: Odometer: 87833

Rear Defogger	Tilt Wheel	Intermittent Wipers
Tinted Glass	Body Side Moldings	Dual Mirrors
Clear Coat Paint	Power Steering	Power Brakes
Power Windows	Power Locks	Power Mirrors
AM Radio	FM Radio	Stereo
Cassette	Search/Seek	Driver Airbag
Cloth Seats	Bucket Seats	Recline/Lounge Seats
Automatic Transmission	Overdrive	



ESTIMATE OF RECORD

93 NISS ALTIMA GXE 4-2.4L-FI 4D SED BEIGE Int:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		REAR BUMPER					
2	R&I	Cover assy				1.0	
3*	Rpr	Cover assy				<u>2.5</u>	2.5
4		Add for Clear Coat					1.0
5		RESTRAINT SYSTEMS					
N 6*	R&I	RT Motor assy				<u>1.5</u>	
7#	Subl	FLEX ADDITIVE	1		5.00	T	
8#	Subl	HAZARDOUS WASTE REMOVAL	1		3.00	X	
Subtotals ==>					8.00	5.0	3.5

Line 6 : SHOP ADVISE AS TO WHY RETRACTABLE SYSTEM IS NOT WORKING. CAN'T DETERMINE THE CAUSE AT THIS POINT.

Estimate Notes:

=====OLD DAMAGE=====

TRUNK 1.0, RT FNDR 2.0, R/F COVER AND L/F COVER SCIFFS W/ REPAIR, L/F L/R RR/ WHL CVRS CURB DAMAGE, R/F WHL CVR MISSING, RT QTR 2.0, ANTENNA BROKEN, R/R TIRE OUTER EDGE BALD

Parts		0.00
Body Labor	5.0 hrs @ \$ 30.00/hr	150.00
Paint Labor	3.5 hrs @ \$ 30.00/hr	105.00
Paint Supplies	3.5 hrs @ \$ 18.00/hr	63.00
Sublet/Misc.		8.00

SUBTOTAL		\$ 326.00
Sales Tax	\$ 68.00 @ 5.0000%	3.40
TOTAL COST OF REPAIRS		\$ 329.40

ADJUSTMENTS:

Deductible		0.00
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1 N 4 R U 3 1 F O P C 2 0 7 9 9 0

93/NISSAN/ALTIMA

DXE

07/08/93

ALR450

209304

9
1/110

DATE RECEIVED 08:41am DATE TIME PROVIDED 02/21/00 05:30pm PRIORITY

LABOR INSTRUCTIONS

CUSTOMER NO. 86210
SALES REIGE/
SERVICE CONTRACT
CONTRACT NO.

SECURITY NISSAN

SECURITY AT WOODLAWN DRIVE

1701 Woodlawn Drive

BALTIMORE, MARYLAND 21207

(410) 298-4400

ESTIMATE NO. 209304
DATE 02/21/00
PRIORITY 217



QUALITY CHECKED

88438

BY

COMMENTS : 74.59

C 14N1Z

LITE SERVICE
PASSENGER SIDE SEAT BELT INOP.
SINCE IN ACCIDENT

CR 28392
Fiten

99
scd

mission
of State with Tom Scheer
110 253-3140
want 2/97

BECAUSE MANUFACTURERS MAY DISCLOSE WARRANTY LIMITATIONS, SECURITY DOES NOT WARRANT ANY MAKE DURING INSPECTION. ALL OPERATIONS ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE WARRANTY CONTRACT.

CUSTOMER AUTHORIZATION
IN THE EVENT THAT CUSTOMER AUTHORIZES COMPLETION OF REPAIR OR SERVICE, A CHANGE WILL BE MADE TO THE ORIGINAL ESTIMATE. PARTIALLY COMPLETED WORK AND REPAIRS WILL BE SUBJECT TO THE ACTUAL AMOUNT OF LABOR OR PARTS REQUIRED IN DISASSEMBLY, INSPECTION, REPAIR OR SERVICE. IF AN INSPECTION IS NECESSARY TO DETERMINE THE AMOUNT OF DAMAGE AND RECOMMENDED REPAIRS ARE REFUSED OR ONLY PARTIAL REPAIRS ARE MADE, WE MAY NOT BE ABLE TO RESTORE THE VEHICLE TO ITS ORIGINAL CONDITION.
WHEN TIME IS INVOLVED IN AN ESTIMATE AND THE CUSTOMER FEELS THAT THE REPAIR PERFORMED A VARIATION OF \$100.00 WILL BE CHARGED.
IF THIS ACCOUNT IS IN ARREARS AND A CHECK OR CASH PAYMENT IS REQUIRED, WE WILL BE ABLE TO ACCEPT PAYMENT IN THE AMOUNT OF \$50.00 PER MONTH. THE BALANCE DUE WILL BE ADDED TO THE ACCOUNT.
THERE WILL BE A DAILY STORAGE FEE OF \$20.00 AFTER THE THIRD DAY ON VEHICLES LEFT WITH NO REPAIR AUTHORIZATION OR NO PAYMENT. WE WILL BE ABLE TO REPAIR AND COMPLETE THEM WITH A CHARGE FOR THE STORAGE FEE ONLY.
COSTUMER'S SIGNATURE

1. DO YOU WANT A WRITTEN ESTIMATE IF REPAIRS ARE TO BE PERFORMED?
YES NO
2. CUSTOMER WANTS REPLACED PARTS IF NOT RETURNED TO ORIGINAL CONDITION?
YES NO
3. CUSTOMER UNDERSTANDS THAT THEY MAY NOT BE ELIGIBLE FOR THE 10% OF THE WRITTEN ESTIMATE WITHOUT RETURNED CONSULTATION?
YES NO
4. CUSTOMER GIVES CONSENT FOR ADDITIONAL REPAIRS.
YES NO

TERMS: STRICTLY CASH. NISSAN ASSUMES NO LIABILITY FOR THE LOSS OF OR DAMAGE TO ANY PARTS OR MATERIALS WHICH ARE DAMAGED OR DESTROYED DURING THE REPAIR WORK HEREIN SET FORTH TO BE DONE ALONG WITH THE NECESSARY MATERIAL AND ADVICE THAT YOU ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR PARTS. GET IN VEHICLE, MAKE IT SAFE TO DRIVE. THEN DO ANY OTHER LAWS, BEYOND YOUR CONTROL ON THE PARTS THAT ARE CAUSED BY UNAVAILABILITY OF PARTS OR DELAYS IN PARTS SUPPLY. BY THE SUPPLIER OR TRANSPORTER. I HEREBY WARRANT YOU AND YOUR EMPLOYERS PERMISSION TO OPERATE THE VEHICLE AND TO REPAIR THE VEHICLE IN HIGHWAYS OR ELSEWHERE FOR THE PURPOSES OF TEST DRIVING ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS LISTED.

ALL REBUILT PARTS ARE SOLD ON EXCHANGE BASIS. IF YOU DO NOT WANT TO SALVAGE, IF YOU WILL BE CHARGED A CONSIDERABLE FEE. PARTS WILL BE RETURNED TO YOU.
I HEREBY ACKNOWLEDGE AND AGREE TO ALL PREVIOUS CONDITIONS.
CUSTOMER SIGNATURE: *Michael J. ...*
SIGNATURE: *Michael J. ...*

SECURITY NISSAN

copy



Security At Woodlawn Drive
BALTIMORE, MARYLAND 21207
(410) 298-4400

The factory warranty constitutes a part of the warranties with respect to the sale of this item/items. The seller hereby expressly disclaims all warranties, either express or implied including any implied warranty of merchantability or fitness for a particular purpose and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

WE THANK YOU FOR YOUR PATRONAGE

SERVICE DEPT. HOURS: MON. - FRI. 7:30am - 5:30pm
TUE. 7:30am - 9:00pm
SAT. 8:00am - 3:00pm

CUSTOMER NO. 86710	ADVISOR EDWARD BROWN 217	CARD NO.	INVOICE DATE 02/22/00	INVOICE NO. M106209304
	LABOR RATE	IN-LEASE IN \$8435	COLOR BEIGE/	STOCK NO.
	YEAR / MAKE / MODEL 73/NISSAN/ALTIMA GXE		DELIVERY DATE 07/08/93	DELIVERY MILES
	VEHICLE ID. NO. N4BUS1F0PC207990		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. DATE 02/21/00	
				IN-LEASE OUT

JOB# 1 CHARGES
 1118 SHR/IDE 0.50 (FCR)=\$1190 34.00
 PASSENGER SIDE SEAT BELT INOP.
 SINCE IN ACCIDENT
 INSPECT RIGHT SIDE SEATBELT RECEPTACLE NO PROBLEM NOTED.
 NEEDS SEATBELT ITSELF, BELT WAS FOLDED OVER 410 PRESENT
 WANT TO RETRACT.
 NO WORK AUTHORIZED

JOB# 1 TOTALS
 LABOR 34.00
 PARTS 0.00
 MISC 0.00
 DISC 0.00
 TOTAL 34.00

LABOR # 2414010700 DEFINED REPAIRS UNITS: TEL: 410-298-4400 0.00
 SEE JOB 1

JOB# 2 TOTALS
 LABOR 0.00
 PARTS 0.00
 MISC 0.00
 DISC 0.00
 TOTAL 0.00

MISC # A SS SHOP AND ENVIRONMENTAL COST 3.40
 TOTAL - MISC 3.40

COMMENTS
 CASH NUMBER-0136904770101073-02
 CE110
 810-553-1600
 MR. LOFFMAN

RECOMMENDATIONS
 FEES SEATBELT (FCR) (FD) = 86694-1E401 = \$144.45

*****	TOTAL LABOR....	34.00
CASH () CHECK () CHARGE () *	TOTAL PARTS....	0.00
CREDIT CARD () *	TOTAL SUBLET....	0.00
*****	TOTAL G.O.G....	0.00
	TOTAL MISC CHG.	3.40
	TOTAL MISC DISC	0.00
	TOTAL TAX.....	0.17
	TOTAL INVOICE *	37.57

I, signature certifies that I have received my repair order, warranty repair order, old parts, and/or my estimate where applicable. I understand that old parts are not returned on warranty repairs or rebuilt parts sold on an exchange basis. All parts with a last digit of "R" or "RE" are rebuilt parts. I have authorized all repair work performed and understand that labor charges are based on flat rate unit operations from the Nissan Consumer Pricing Guide \$ 65.00 and that if a flat rate unit operation is not available actual time will be multiplied by the labor rate of \$65. Prices are as agreed

[Redacted Signature]



