



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 §20

Date Received

01-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

881836

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JN1EJ01F1NT114524		NISSAN	MAXIMA	1992	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
		☐ Motorbelt ☐ 2-Point Belt			☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other _____
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111200	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 27-FEB-2001 Mileage at Failure(s) 92000	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 2	Number of Fatalities	Estimated Property Damag	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS DRIVING AT APPROXIMATELY 55 MPH WHEN HE RAN OFF SHOULDER AND STRUCK A UTILITY POLE. DRIVER'S AIR BAG FAILED TO DEPLOY, THERE WAS NO PASSENGER AIRBAG. CONSUMER SUFFERED BROKEN/BRUISED RIBS, AND HIS SON SUFFERED WHIPLASH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *AK

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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.



U.S. Department
of Transportation
National Highway
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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 920

Date Received

01-MAR-2001

 Od_or _____
 rt_pt _____
 ad_rt _____
 up_ltr _____

Reference No.

881836

OWNER INFORMATION (Type or Print)

677691

Work Number

Home Number

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 03/26/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)

JN1EJ01F1NT114524

Vehicle Make

NISSAN

Vehicle Model

MAXIMA

Vehicle Year

1992

Current Odometer Reading

93,070

Purchase Date

7/2/92

Dealer's Name Bluff City Nissan

Engine Size

(CID/CC/L)

☐ Turbo☐ Diesel☒ Gas☐ Fuel Injection☒ New ☐ Used

City Memphis State TN Zip Code 38111

No Cylinders

6

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☒ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☒ Driverside Airbag☐ 2-Point Belt☐ Passengerside Airbag

Cruise Control

☒ Yes☐ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Util☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

12111200

Part Name(s)

INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA

Location

☒ Left☐ Right☒ Front☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

1

Date(s) of Failure(s) 27-FEB-2001

Mileage at Failure(s) 93,070

Vehicle Speed at Failure(s) 55 mph

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA Previously
Contacted?☐ Yes ☒ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

X 3

Number of Fatalities

0

Estimated Property Damage

\$10,000.00

Reported to Police

☒ Yes ☐ No

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

CONSUMER WAS DRIVING AT APPROXIMATELY 55 MPH WHEN HE RAN OFF SHOULDER AND STRUCK A UTILITY POLE. DRIVER'S AIR BAG FAILED TO DEPLOY, THERE WAS NO PASSENGER AIRBAG. CONSUMER SUFFERED BROKEN/BRUISED RIBS, AND HIS SON SUFFERED WHIPLASH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *AK

My 20 month old son was in the rear seat secured in a child restraint seat. He suffered bruises and a rope burn from his child restraint seat belt.

CONTINUE ON BACK IF NEEDED

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