



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 858

Date Received

08-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

882479

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
3N1AB41D8XL102332		NISSAN	SENTRA	1999	
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 ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ 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 12111000	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) 11-JAN-2001 30 Mileage at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING ABOUT 30MPH ON WET ROAD DRIVER SLID INTO A TRUCK, AND NEITHER AIRBAG DEPLOYED. *AK

COPIES OF THIS FORM ARE:

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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Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

679144

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
☒ YES ☐ NO

Date Received
08-MAR-2001

Reference No.
852479

FOR AGENCY USE ONLY 858

VEHICLE INFORMATION

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

3N1AB41D6XL102332

Vehicle Make

NISSAN

Vehicle Model

CENTRA

Vehicle Year

1999

Engine Size (CID/CC/L)
No Cylinders 4
Fuel Injection ☒ Gas ☐ Diesel ☐ Turbo ☐

Transmission Type ☒ Automatic ☐ Manual
Antilock Brakes ☒ Yes ☐ No
Restraint System ☒ 3-Point Belt ☐ 2-Point Belt ☐ Motorized
Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☒ Car ☐ Minivan ☐ Other ☐ Truck ☐ Motorcycle ☐ Sport UTV
Body Style ☒ 4-Door ☐ 2-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
12111000

Part Name(s)
INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT

Location ☒ Left ☐ Right ☐ Rear
Failed Part(s) ☒ Original ☐ Replacement

No of Failures

Date(s) of Failure(s)
11-JAN-2001

Mileage at Failure(s)
30

Vehicle Speed at Failure(s)

Failed Part(s) Available? ☐ Yes ☐ No
NHTSA 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
1

Number of Fatalities
0

Estimated Property Damage
7,000

Reported to Police ☒ Yes ☐ No

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

WHILE TRAVELING ABOUT 30MPH ON WET ROAD DRIVER SLID INTO A TRUCK, AND NEITHER AIRBAG DEPLOYED. AK

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I was driving down Friess Point Road going about 30-35 mph on a wet Road. I slid into the rear of a truck. I ^{was} wearing my seat belt. The then airbags deploy. So after the accident I went to the hospital had X-ray which bruise my hernia from the accident. The next day I wake up - my neck and back was hurting so I went to my Doctor.

☆ U.S. G.P.O. 1992-623-887 / 80000

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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590