



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received: 2003 MAR 17 AM 9:23
Repository:
Reference No.: 10008978

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: TEQUESTA State: FL Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [Redacted]

Do you authorize NHTSA to report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 3/5/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JN1CAZ1D8VM525270
Make: NISSAN Model: MAXIMA Model Year: 1997
Date Purchased: 11/00 Dealer's Name and Telephone Number: West Palm Nissan Auto Mall
Original Owner: Dealer's City: West Palm Beach State: FL Zip Code: [Redacted]
Engine: No. Cylinders: 6 Fuel Type: GAS
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: [Redacted] Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 17-FEB-2003 Failure Mileage: [Redacted] Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTMALSABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: 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).

A STRONG FUEL SMELL ENTERED THE VEHICLE THROUGH THE VENTS. *JB

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 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.

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

Heavy Gas Smell while driving with and without having a/c on. Car was checked by a local Repair Shop who could not find anything. he checked the clamps on the hose to gas tank and still couldn't find anything.

I don't notice the smell anymore but I am concerned of any fumes that can be released that could harm us or cause a fire.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
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Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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OR

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and dial toll free at

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(DASH) 2 DOT



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