



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects #110: 59
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received

03-SEP-2004

Repository

Reference No.
10090389

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City TUPELO

State MS

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number [REDACTED]

hotmail.com

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

Signature of Owner [REDACTED] Date 9/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
JN1CA21DXST [REDACTED]

Make
NISSAN

Model
MAXIMA

Model Year
1995

Date Purchased
8/27/1994

Dealer's Name and Telephone Number
CAR LOCK NISSAN (662) 844-3113

Engine: Gas
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
Tupelo

State
MS

Zip Code
38801

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, .

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
26-AUG-2004

Failure Mileage
~~88890~~
78890

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

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

Number of Deaths

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).

FUEL RETURN LINE DETERIORATED, SPILLING GAS OUT ONTO THE PAVEMENT WHILE PARKED. CONSUMER HAD RECENTLY FILLED THE GAS TANK. DEALER REMOVED THE GAS TANK AND REPLACED THE FUEL VENT LINE. *AK

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 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.

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).