2005 SEP 29 PM 1:15

ODI-10137331 EVDR

QAA 16
10137331V

Supporting material

[redacted]

9/29/05

Form Approved: O.M.B. No. 2127-0008

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 100148	
Date Received: 22-SEP-2005	Repository ☐
	Reference No.: 10137331

OWNER INFORMATION (Type or Print)

Name: [redacted]				Daytime Telephone Number: [redacted]	E-mail Address: [redacted]
Address: [redacted]				Evening Telephone Number:	
City: DIX HILLS	State: NY	Zip Code: [redacted]			

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 _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JN8AZ08W14W[redacted]	NISSAN	MURANO	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
16-APR-04	SMITHTOWN NISSAN INC 516-261-9660			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: SMITHTOWN	State: NY	Zip Code: 11787		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-AUG-2004	500	20	

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: DOTMALBABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			Y

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).

DT: THE CONSUMER'S VEHICLE SWERVED TO HIT DEBRIS IN THE ROADWAY. THE DEBRIS STRUCK THE GAS TANK, RESULTING IN A GAS LEAK. 18 GALLONS OF GAS SPILLED FROM THE TANK. NO FIRES OR INJURIES REPORTED. THE VEHICLE WAS TOWED TO A DEALER AND THE GAS TANK WAS REPLACED. NO PROBLEMS WITH THE GAS TANK SINCE REPLACEMENT OF GAS TANK. THE CONSUMER PAID OUT OF POCKET FOR THE REPAIRS.*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 car manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

...DEPARTMENT, COUNTY OF SUFFOLK, N.Y.

FIELD REPORT PDCS - 1053a

CENTRAL COMPLAINT NO.	PCT. OF OCC.	SECTOR	CAR NO.
04-442873	3	315	315

INCIDENT: Property Damage

CODE	DAY OF OCC.	DATE OF OCC.	TIME OCC.
	T/T	08/05/04	2004

COMPLAINANT OR VICTIM | DOB | ☐ M ☐ F

[redacted]

ADDRESS | TEL.

[redacted]

PLACE OF OCCURRENCE

[redacted] Bayshore

DATE OF REPORT	TIME OUT	TIME ARRIVED	TIME IN	☐ PERSON ☒ RADIO	☐ SIGHT ☐ PCT
08/05/04	2006	2010	2030		

TOUR	FOUNDED	REPORT TO FOLLOW	COMMAND
3x11	☒ YES ☐ NO	—	—

DETAILS

Compl. ran over object in the roadway ~~wither~~ with her 2004 Nissan Sabra NY Reg [redacted] causing damage to her gas tank. vehicle leaking gas. Fire Dept. responded.

☐ ACTIVE ☐ PENDING ☒ CLOSED (NON-CRIMINAL ONLY) ☐ CLEARED BY ARREST ☐ EXCEPTIONALLY CLEARED

POLICE OFFICER'S SIGNATURE	COMMAND	SUPERVISOR
M. [illegible] 05436	315/1AC	

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).