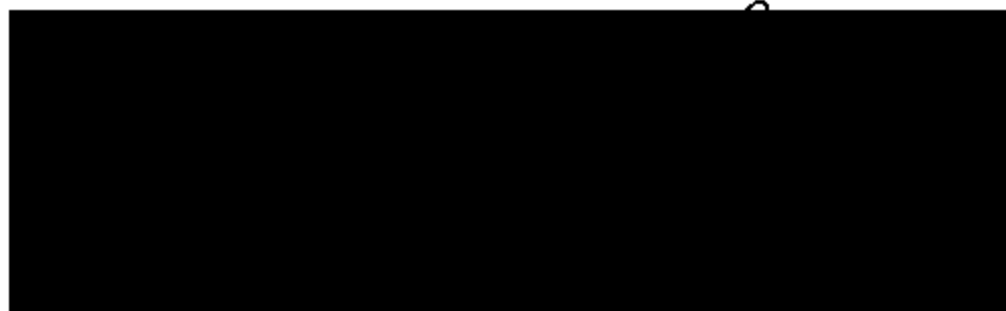


2005 SEP 29 PM 1:15

ODI-10137331 EVDG

ALL ~~to~~
9/29/05
10/27/05

Supporting material



Margaret
9/29/05



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 100145

Date Received

22-SEP-2005

Repository ☐Reference No.
10137331

OWNER INFORMATION (Type or Print)

Name

Address

City DOX HILLS

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 9/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

JN8AZ0BW14V

Make

NISSAN

Model

MURANO

Model Year

2004

Date Purchased
16-APR-04Dealer's Name and Telephone Number
SMITHTOWN NISSAN INC 516-261-9660Engine:
No. Cylinders 6Fuel Type:
GasOriginal Owner
☒Dealer's City
SMITHTOWNState
NYZip Code
11787Transmission Type
AUTOMATIC☒ Antilock Brakes
☒ Cruise ControlPowertrain
4 WHEEL DRIVE

Vehicle Component Code

071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
05-AUG-2004Failure Mileage
500Failure Speed
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: DOTM19ABC036)

☐ 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

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 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.

DEPARTMENT, COUNTY OF SUFFOLK, N.Y.
FIELD REPORT PDOS - 1053a

CENTRAL COMPLAINT NO. 04-442873 PCT. OF OCC. 3 SECTOR 515 CAR NO. 315

INCIDENT Property Damage

CODE 711 DATE OF OCC. 08/05/04 TIME OCC. 2004

COMPLAINANT OR VICTIM [REDACTED] DOB [REDACTED] M [REDACTED] F [REDACTED]

ADDRESS [REDACTED] TEL. [REDACTED]

DATE OF REPORT 08/05/04 TIME RPT. 2006 TIME ARRIVED 2010 TIME IN 2030

YOUR 2x11 FOUNDED YES ☒ YES ☐ NO REPORT TO FOLLOW — COMMAND —

DETAILS

Compl. ran over object in the
roadway with her 2004
Nissan Subn NT Reg. [REDACTED]
causing damage to her gas tank.
Vehicle leaking gas. Fire Dept.
responded.

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

☐ PENDING ☐ EXCEPTIONALLY CLEARED

POLICE OFFICER'S SIGNATURE N. Quattrone COMMAND 05451310/11 SUPERVISOR

**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).**