



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 2005 NOV 16 PM 7:10
22-SEP-2005
Repository
Reference No. 10137347

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED]
City GLEN ALLEN State VA Zip Code [REDACTED] Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 10/30/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JN1AS44DX1W [REDACTED] Make NISSAN Model 24GSX Model Year 1996
Date Purchased 10-SEP-96 Dealer Name and Telephone Number WEST BROAD NISSAN 804-346-4200 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City RICHMOND State VA Zip Code 23294
Transmission Type Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
AUTOMATIC Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-SEP-2005 Failure Mileage 48000 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: DOTM19ABC036) 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).

DT: THERE WAS A SPLIT IN THE SEAM OF THE GAS TANK. THE SMELL OF GAS WAS STRONG IN THE GARAGE. THIS HAS BEEN GOING ON FOR ABOUT A WEEK. THE CONSUMER NOTICED A SPOT ON THE DRIVEWAY AND SUSPECTED THAT IT WAS GAS. THE CONSUMER'S HUSBAND TOOK A TISSUE AND DIPPED IT INTO THE SPOT AND DETERMINED IT WAS GASOLINE IN THE SPOT WHERE THE CAR WAS PARKED THE DAY BEFORE. THE VEHICLE WAS DRIVEN TO A NISSAN DEALERSHIP FOR FURTHER INSPECTION. THEY INSPECTED THE VEHICLE, AND DISCOVERED A SPLIT IN THE SEAM OF A GAS TANK THE COST WOULD BE \$1,200 TO FIX IT. THE CONSUMER FELT SHE SHOULD NOT BE RESPONSIBLE FOR THE REPAIRS. THE CONSUMER CONTACTED THE MANUFACTURER, WHO SAID THEY WOULD NOT PAY BECAUSE THE VEHICLE DID NOT HAVE A WARRANTY. NO REPAIRS OR CORRECTIONS HAVE BEEN MADE. *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.