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	Repository ☐
14-AUG-2006	Reference No. 10165459

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address [redacted]	[redacted]	
City GALES FERRY / State CT / Zip Code [redacted]	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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JN1FU21P9[redacted]	NISSAN	STANZA	1991

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
20-JAN-05				No: Cylinders 4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER
			Multiple Failure: 7 25 (fuel leaks daily)

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-JUL-2006	132000		

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: DOTMAL9ABC036)	☐ 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 Iniured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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*: THE CONTACT STATED THE VEHICLE'S FUEL FILLER TUBE WAS CORRODED. THE DEALER INSPECTED THE VEHICLE ON 08/14/06 AND DETERMINED THAT THE FUEL FILLER TUBE WAS CORRODED AND NEEDED TO BE REPLACED. THERE WAS A NHTSA RECALL #95V244000, REGARDING THE FUEL SYSTEM, GASOLINE: STORAGE: TANK ASSEMBLY: FILLER PIPE AND CAP. THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN. THE VEHICLE WAS REGISTERED IN CONNECTICUT FOR THE PAST 4 YEARS AND WAS PURCHASED IN HAWAII. THE MANUFACTURER WAS CONTACTED ON 07/26/06 AND DETERMINED THAT THE VIN ARCHIVES NEEDED TO BE INSPECTED TO CONCLUDE THAT THE VIN SHOULD BE INCLUDED IN THE RECALL.

and leaks fuel daily. and remained registered on the west Coast during the dates of the recall.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY