



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
2007 DEC 12 PM 1:47
27-SEP-2007

Repository ☐

Reference No.
10204252

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **PROSPECT HEIGHTS** State **IL** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** 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 **11/11**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1N4DL01DXXC [REDACTED] Make **NISSAN** Model **ALTIMA** Model Year **1999**
Date Purchased **19-JUN-02** Dealer's Name and Telephone Number **MID CITY NISSAN** Engine: **No: Cylinders 4** Fuel Type: **Gas**
Original Owner ☐ Dealer's City **CHICAGO** State **IL** Zip Code **60641**
Transmission Type **AUTOMATIC** ☒ Antilock Brakes ☒ Cruise Control Powertrain **FRONT WHEEL DRIVE** Vehicle Component Code **070000 FUEL SYSTEM, GASOLINE**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **12-SEP-2007** Failure Mileage **75000** Failure Speed **0**

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 **0** Number of Deaths **0** 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).

TL*THE CONTACT OWNS A 1999 NISSAN ALTIMA. THE CONTACT STATED THAT THE CHECK ENGINE SOON LIGHT ILLUMINATED AND THE VEHICLE WOULD ONLY ACCEPT HALF TO THREE QUARTERS OF A TANK OF FUEL. THE MECHANIC STATED THAT THE FUEL FILTER TUBE WAS RUSTED AND WOULD NOT ALLOW THE FUEL TANK TO BE FILLED, WITHOUT FUEL ESCAPING FROM THE TANK. THE CONTACT STATED THAT THERE WAS A SAFETY RECALL ON THE SAME COMPONENT OF OTHER FORD VEHICLES EXCEPT HIS, EVEN THOUGH IT WAS EXPERIENCING THE SAME FAILURE. THE CURRENT MILEAGE WAS 80,000 AND FAILURE MILEAGE WAS 75,000.

NISSAN
INFINITY/QX4 1999-2001
NISSAN-PATHFINDER 9701

NISSAN SAME THINK
AS WITH OUR
NISSAN

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.