



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 2007 DEC 31
(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100381

Date Received

AM 11:22
26-NOV-2007

Repository ☐

Reference No.
10210534

OWNER INFORMATION (Type or Print)

Name

Address

City

WELLINGTON

State FL

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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 1/1

VEHICLE INFORMATION

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

4N2DN1114

Make
NISSAN

Model
QUEST

Model Year
1997

Date Purchased
15-SEP-04

Dealer's Name and Telephone Number
INDIVIDUAL

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY

Multiple Failure: 50

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-AUG-2007

Failure Mileage
118000

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: 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

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 1997 NISSAN QUEST. THE CONTACT SMELLS GASOLINE IN THE PASSENGER COMPARTMENT WHEN THE VEHICLE IS STARTED. WHEN THE HEAT IS ACTIVATED, THE ODOR INTENSIFIES. THERE IS NO VISIBLE LEAK. THE DEALER STATED THAT THE VIN WAS NOT INCLUDED IN ANY RECALLS. THE VEHICLE IS MORE THAN TEN YEARS OLD. THE CURRENT MILEAGE WAS 121,000 AND FAILURE MILEAGE WAS 118,000.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

My name is [REDACTED] and my vin # is 4N2DN114 [REDACTED]
In August of 2007 every time I would start the car, I would smell gas. The more and more I drove it the smell got worse. When I put the heater or the AC on also the gas smells strong. I do not have a leak that I can see with my eyes. It also seems when I put the gas in the car in a short distance I need to refuel. I took the car to West Palm beach Nissan after I was informed there were two recalls and I was told that my car had no recall.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

WEST PALM BEACH

FL 334

13 DEC 2007 PM 2 L

BUSINESS REPLY MAIL

FIRST CLASS

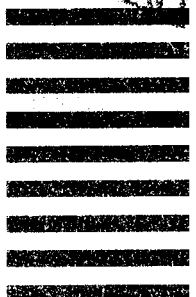
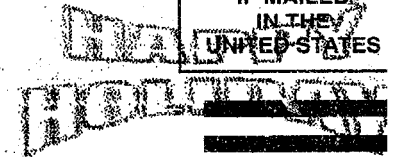
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WASHINGTON, D.C.

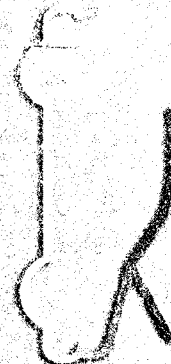
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration