

 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 MAY - 4 2011 12-APR-2011		Repository ☐ Reference No. 10395592	
OWNER INFORMATION (Type or Print)					
Name		Address		City	
[REDACTED]		[REDACTED]		STATEN ISLAND	
State		Zip Code		Daytime Telephone Number	
NY		[REDACTED]		[REDACTED]	
Evening Telephone Number		E-mail Address			
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make		Model	
3N1BC11E58L [REDACTED]		NISSAN		VERSA	
Model Year		Engine:		Fuel Type:	
2008		No: Cylinders		GAS	
Date Purchased		Dealer's Name and Telephone Number		Engine:	
10/24/2007		SE-NISSAN 56-HYLAN MOTORS 718-447-3800		No: Cylinders	
Original Owner		Dealer's City		State	
☒		STATEN ISLAND		NY	
Zip Code		Multiple Failure:		Incident Date(s)	
10305		STARTING		15-JAN-2011 FEB. 2008 + ONGOING	
Transmission Type		☒ Antilock Brakes		Powertrain	
AUTO		☒ Cruise Control			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING				Failure Mileage	
				489	
				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: DOTM49ABC036)		☐ 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 Injured	
☐ Yes ☒ No		☐ Yes ☒ No		Number of Deaths	
				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 2008 NISSAN VERSA. WHILE THE VEHICLE WAS PARKED SHE ATTEMPTED TO START THE VEHICLE AND IT WOULD NOT START. THE CONTACT STATED AFTER THE SECOND ATTEMPT THE VEHICLE STARTED. THE FAILURE OCCURRED INTERMITTENTLY AND THE VEHICLE NORMALLY STARTS ON THE SECOND ATTEMPT. SHE ALSO STATED THAT THE FAILURE STARTED SHORTLY AFTER IT WAS PURCHASED. THE VEHICLE WAS TAKEN TO THE DEALER FOR THE FAILURE. THE DEALER ADVISED HER THAT THERE WAS NOTHING WRONG WITH THE STARTER. THE CONTACT MENTIONED THE FAILURE TO THE DEALER ON EVERY SERVICE VISIT AND THE DEALER NEVER PERFORMED A DIAGNOSTIC TEST. THE CONTACT STATED THAT SHE SCHEDULED AN APPOINTMENT WITH THE DEALER ON APRIL 13, 2011. THE VEHICLE WAS NOT REPAIRED AND THE VEHICLE WAS NO LONGER COVERED UNDER THE WARRANTY. SHE CONTACTED THE MANUFACTURER AND FILED A COMPLAINT. THE FAILURE MILEAGE WAS 489 AND THE CURRENT MILEAGE WAS 5,200. DEALER SAID IF IT DIDN'T HAPPEN WHEN CAR WAS THERE, THEN THEY COULDN'T FIX IT. IT STARTED TO HAPPEN MORE OFTEN. ON LINE I FOUND SEVERAL COMPLAINTS + IT SAID THERE WAS A SERVICE ADVISOR DUE TO PRESSURE PROBLEMS WITH THE FUEL PUMP. CAR WAS FIXED WITH ONLY 522 MILES OUT OF WARRANTY. I HAD TO PAY 245.07 - CREDITS 207.51 CONTACTED NISSAN. WAITING					
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.					

FOR AN ANSWER TO GET MONEY BACK.

ENCLOSED COPY OF PAID BILL

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

CAR wouldn't start on first try - sporadically. Brought to dealer after it kept occurring: (approx. 3 1/2 months after purchase) They checked starter & said it was okay. (documented) On other visits I told them still having problem. They said they couldn't fix it unless it happened when car was there. At a little over 5000 miles car seemed to be getting worse (happened more often) Brought car in - told no longer under warranty. Told them on-line several people having same problem & told it was the fuel pump pressure & there is a service advisement. Had to have car & they found I was right. Fixed the pressure regulator & I had to pay. Trying to get money back from Nissan. Car only had (5222) miles when fixed. Paid 20952 as I had 55.08 in credits (rewards + a part card for 25 off)

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

TRUCK NO NY 111
BKLYN-QNS-STATEMENT
25 APR 2011 PM 11:11

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**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

CUSTOMER #: 4770449

212697

STATEN ISLAND NISSAN

S.G. HYLAN MOTORS CORP.

222 PARKINSON AVENUE
STATEN ISLAND, NY 10305718-447-3878
SHOWROOM1220 HYLAN BOULEVARD
718-447-3800

INVOICE

PAGE 1

STATEN ISLAND, NY

HOME: [REDACTED] CONT: N/A

BUS: [REDACTED] CELL:

SERVICE ADVISOR: 15 EUGENE RISPOLI

HOME: [REDACTED]		CELL: [REDACTED]		SERVICE ADVISOR: 15 EUGENE KIDSOLE			
BUS: [REDACTED]		VIN		LICENSE	MILEAGE IN / OUT		
COLOR	YEAR	MAKE/MODEL	[REDACTED]		5222/5222		
GY	08	NISSAN VERSA	3N1BC11E581 [REDACTED]				
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. D
24OCT07 DE		23OCT2010	14APR11		95.00	CASH	14APR1
R.O. OPENED		READY		OPTIONS: STK: 7N1509 DLR: 07094			
ENG: 1.8 Liter Gasoline							

09:22 13APR11 10:14 14APR11
 LINE OPCODE TECH TYPE HOURS
 LIST NET TOT

A CUSTOMER STATES AT TIMES CAR HAS NO START CONDITION CRANKS BUT NO
 START ON SECOND TRY STARTS

REPLACE PERFORM FUEL PRESSURE TEST FOUND AFTER
 TIME FUEL PRESSURE DID DROP REPLACE FUEL
 REGULATOR AS NEEDED

36 CPN 2.00
 1 22670-ZR70C PRESSURE R
 1 17342-EM30A PACKING-FU
 PARTS: 55.07 LABOR: 190.00 OTHER:

PART # [REDACTED] 190.00 190.00
 26.20 26.20
 28.87 28.87
 TOTAL LINE A: 245.07

B PERFORM MUTI-POINT INSPECTION
 27PT PERFORM MUTI-POINT INSPECTION

36 CPN 0.00
 TIG TIRE DEPTH 6/32" OF TREAD OR MORE
 36 CPN 0.00
 PARTS: 0.00 LABOR: 0.00 OTHER:

PART # [REDACTED] 0.00 0.00
 0.00 0.00
 TOTAL LINE B: 209.52

C PERFORM BATTERY AND CHARGING SYSTEM
 BATTERY PERFORM BATTERY AND CHARGING SYSTEM

36 CPN 0.00
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

D** SUPPLY CUSTOMER WITH \$25.00 CREDIT AS PER COUPON
 DISCOUNT SUPPLY CUSTOMER WITH \$25.00 DISCOUNT AS
 PER COUPON

36 CPN 0.00 -25.00 -2
 PARTS: 0.00 LABOR: -25.00 OTHER: 0.00 TOTAL LINE D: -2

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE
 INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE
 SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO
 OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE
 VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED
 UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY
 ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS
 CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT
 NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY
 MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

THESE REPAIRS ARE
 COVERED BY A LIMITED
 WARRANTY, LABOR AND
 PARTS 90 DAYS OR 4000
 MILES, WHICHEVER COMES
 FIRST, SELLER HEREBY
 LIMITS IMPLIED
 WARRANTIES TO THE SAME
 PERIOD.

DESCRIPTION

LABOR AMOUNT

PARTS AMOUNT

GAS, OIL, LUBE

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

SALES TAX

PLEASE PAY
THIS AMOUNT

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

THAN