



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: 10-NOV-2016
Repository:
Reference No.: 10925306
JAN 24 2017

OWNER INFORMATION (Type or Print)

Name: [REDACTED] Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Address: [REDACTED] Evening Telephone Number: [REDACTED]
City: VIRGINIA BEACH State: VA Zip Code: [REDACTED]

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: JN8AF5MR8BT [REDACTED] Make: NISSAN Model: JUKE Model Year: 2011
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: No: Cylinders: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: Antilock Brakes Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 08-NOV-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS) Failure Mileage: 90000 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): [REDACTED] 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).

TL* THE CONTACT OWNS A 2011 NISSAN JUKE. THE CONTACT STATED THAT THE FUEL SYSTEM WAS LEAKING. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE FUEL PRESSURE SENSOR NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE CONTACT WAS INFORMED THAT THE VEHICLE WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBER: 12V069000 (FUEL SYSTEM, GASOLINE). THE CONTACT STATED THAT THE VEHICLE EXPERIENCED THE SAME FAILURE LISTED IN THE RECALL. THE FAILURE MILEAGE WAS 90,000.

The fuel pressure sensor was leaking gas directly onto the starter. I was able to see the leak and see it dripping onto the starter - the most explosive part of the vehicle. When I took the vehicle in for repair the first time, the Nissan dealership did not honor the appointment, and let me drive away with the problem unremediated. → Over

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)

They repaired it on the follow-up visit, confirming my diagnosis that the fuel ^{pressure} sensor was leaking on to the starter. They told me it was "normal wear and tear" despite the same problem being the subject of a recall on the same make, model and year. The manufacturer's regional representative refused to escalate my complaint to her supervisor.

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

Virginia Beach, VA



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, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



safercar.gov

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**



www.nhtsa.gov

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

CUSTOMER #: [REDACTED]



Hall

AUTOMOTIVE
LOCATION #9
HALL NISSAN VIRGINIA BEACH
3757 BONNEY RD
VIRGINIA BEACH, VA 23452
(757) 631-7600 MAIN
(757) 631-7614 SERVICE
www.hallauto.com

INVOICE

DUPLICATE 1
PAGE 1

SERVICE ADVISOR: 9151 SHANNON WARREN

VA BCH VA [REDACTED]
HOME: [REDACTED] CONT [REDACTED]
BUS: [REDACTED] CELL [REDACTED]

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
SILVER	11	NISSAN JUKE	JN8AF5MR8BT [REDACTED]	[REDACTED]	93442/93442	T3870	
IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
26OCT10 DD		26OCT2013	18:00 09NOV16		0.00	CPN	10NOV16
R.O. OPENED	CUSTOMER NOTIFIED	OPTIONS: DLR: [REDACTED] ENG:1.6_Liter_Gasoline					
17:58 08NOV16	14:28 10NOV16						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES THERE IS GAS SMELL INSIDE THE VEHICLE SAYS SHE CAN SEE THE GAS DRIPPING BY THE STARTER PLEASE CHECK AND ADVISE
1 REPLACED FUEL PRESSURE REGULATOR, VALVE AND GASKETS

15311	C						
1	16638-1LA0A	SENSOR ASSY-FUEL PRESSURE	198.26	198.26	542.99	542.99	
1	14483-1KC1A	VALVE ASSY-RECIRCULATION	181.18	181.18	198.26	198.26	
1	14035-1KC0B	GASKET-MANIFOLD TO CYLINDER HEAD	54.86	54.86	181.18	181.18	
1	16175-1KC0B	GASKET-ADAPTER	18.07	18.07	54.86	54.86	
					18.07	18.07	

B NISSAN MULTI-POINT INSPECTION
55I NISSAN MULTI-POINT INSPECTION
15311 ISP (N/C)

C** VALUE GUARANTEE STATE INSPECTION
VG4 VALUE GUARANTEE STATE INSPECTION
15311 IVGI (N/C)

MISCELLANEOUS SHOP SUPPLIES 49.95

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DESCRIPTION	TOTALS
LABOR AMOUNT	542.99
PARTS AMOUNT	452.37
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
SHOP SUPPLIES	49.95
TOTAL CHARGES	1045.31
ADJUSTMENTS	100.00
SALES TAX	30.14
PLEASE PAY THIS AMOUNT	975.45

Attorney Fees: In the event Hall shall commence collection proceedings of this invoice, I understand that Hall may recover from me all costs of collection, interest, and reasonable internal and/or engaged counsel attorney's fees. I further agree that an authenticated copy of this invoice may be used in place of the original should its admission into evidence become necessary pursuant to Virginia Code section 8.01-374.

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE IN ADVANCE.
NOTE: Hall is not responsible for loss or damage to your vehicle, it's electronic equipment, or personal property left inside, arising from fire, theft, or any other cause beyond our control.

I hereby authorize the repair work above to be performed, and hereby grant you and/or your employees permission to operate the vehicle above for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. I further authorize Hall to repair my vehicle per insurance company estimate, including any supplementary claims, and I hereby assume personal liability for payment in full for any and all work done on said vehicle. By signing below, I authorize Hall and/or its affiliates to contact me at the telephone numbers above for the purpose of providing information on its products and services.

X CUSTOMER SIGNATURE _____

CUSTOMER COPY

Thank You!

HOURS OF OPERATION
SERVICE: M-F 7:30am-8:00pm
(Wed. until 8:00pm) SAT 8:00am-1:00pm
24 Hour Service Drop Avel: 7 DAYS A WEEK
QUICK LUBE: M-F 8:00am-4:00pm

Hall
AUTOMOTIVE
More Cars. Great People.



Hall Nissan Virginia Bea
3757 Bonney Road
Virginia Beach Virginia 23608
7576317600

Customer information

Street:
Zip code:

Cardholder Signature

[Signature area]

Transaction information

Sale
Date: 11/10/2016 5:05 PM
Merchant ID: [Redacted]
Terminal ID: [Redacted]
Invoice No.: [Redacted]
Amount: \$975.45
Card Number: ***** [Redacted]
Response Msg: Approved
Auth Code: [Redacted]
Auth Mode: Issuer
Processed as: Debit
Entry Method: Swiped
Trace No.:
Reference No.: [Redacted]
Match AVS: Not Provided
Match ZIP: Not Present
Match CVV: Not Present
User ID: [Redacted]

I Agree to Pay Above Total Amount According to Card Issuer Agreement (Merchant Agreement if Credit Voucher).
Merchant / Customer Copy