Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 13-JAN-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 739329

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
4N2DN11W2PD809589	NISSAN TRUCK	QUEST	1993	

Purchase Dat		Engine Size	
01-JAN-1997	Dealer's Name_____	(CID/CC/L 3.0L	☐ Turbo
☐ New ☒ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06121000	FUEL:FUEL EMISSION CONTROL:LINES:VAPOR VENT	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure		Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s) 01-SEP-2000 Mileage at Failure(s) 140000 0	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FILLING THE GAS TANK TILL THE GAS PUMP AUTOMATIC SHUT-OFF OCCURS, FUEL LEAKS (APPROXIMATELY 1/2 GALLON) FROM THE FUEL LINE GOING INTO THE GAS TANK. IS THIS THE FUEL TANK VENT HOSE LEAKAGE DESCRIBED IN NHTSA RECALL NUMBERS 00V419001 & 00V419002? I NEED TO GET THIS CORRECTED ASAP TO AVOID AND FUEL IGNITION POSSIBILITIES. DO I HAVE TO WAIT UNTIL THE INVESTIGATION CLOSES FOR A RECALL? I HOPE NOT.

CONTINUE ON A SEPARATE SHEET