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 1362

Date Received: 12-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8005451

[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
4N2ZN17P31D817324	NISSAN TRUCK	QUEST	2001	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo
☐ 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
06100000	FUEL:FUEL SYSTEMS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

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)

WHILE DRIVING AND WITHOUT WARNING THERE IS A STRONG ODOR OF FUMES COMING FROM OUTSIDE OF VEHICLE. DEALER AND MANUFACTURER HAVE BEEN NOTIFIED. HOWEVER, SEEM NOT TO KNOW WHERE THE PROBLEM IS OCCURRING. ADDED FUEL TREATMENT AND FUMES ARE STILL THE SAME.*AK

CONTINUED ON REVERSE

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 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.

Form Approved: O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1362

Date Received: 12-MAR-2002
RECEIVED 12 APR 11 2002 DEFECTS INVESTIGATION OFFICE

Od_or
rt_dt
od_rt
up_kr

Reference No. 8005451

OWNER INFORMATION (Type or Print)

[redacted]

Work Number

Ho[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an[redacted]*and address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 3/27/2002

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4N2ZN17P31D817324	NISSAN TRUCK	QUEST	2001	11,600

Purchase Date 5-31-01 [X] New [ ] Used
Dealer's Name Ridgewood Motors
City Silver City State NM Zip Code 88061
Engine Size (CID/CC/L)
No Cylinders 6
[ ] Turbo [ ] Diesel [X] Gas [X] Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
[ ] Manual [X] Automatic	[X] Yes [ ] No	[X] 3-Point Belt [ ] Motorbelt [X] Driverside Airbag [ ] 2-Point Belt [X] Passengerside Airbag	[X] Yes [ ] No	[ ] Front [ ] Rear [ ] 4-Wheel	[ ] Car [ ] Van [X] Minivan [ ] Other [ ] Sport Util [ ] Truck [ ] Motorcycle	[ ] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up [X] Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06100000	FUEL:FUEL SYSTEMS	[ ] Left [ ] Right [X] Front [ ] Rear	[X] Original [ ] Replacement

No of Failures: indefinite
Date(s) of Failure(s) Since time of purchase
Mileage at Failure(s)
Vehicle Speed at Failure(s)
Failed Part(s) [ ] Yes [ ] No
NHTSA Previously [ ] Yes [X] 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 Fatalities	Estimated Property Damage	Reported to Police
[ ] Yes [X] No	[ ] Yes [X] No				[ ] Yes [X] No

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

WHILE DRIVING AND WITHOUT WARNING THERE IS A STRONG ODOR OF FUMES COMING FROM OUTSIDE OF VEHICLE. DEALER AND MANUFACTURER HAVE BEEN NOTIFIED. HOWEVER, SEEM NOT TO KNOW WHERE THE PROBLEM IS OCCURRING. ADDED FUEL TREATMENT AND FUMES ARE STILL THE SAME.*AK

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Upon purchase of vehicle in May 2001, my new 2001 Nissan Quest constantly discharged a foul odor. This order happens unexpectantly and on different occasions. The owner of the vehicle is diagnosed with chronic asthma and emphysema which he is under medical care. This odor promotes a very unsafe health hazard due to the strong smell which causes the owner to have much difficulty breathing. The dealership has been contacted 3 times regarding this severe problem. Each time I notified the dealership, the dealership treated the owner of the vehicle in a very rude manner. All recommendations such as change gasoline type (brands and octane) have been completed but to no avail has this problem been resolved. The final discussion was with an employee by the name of Mimi from the Nissan Mfg. (Claim # 341-7381) which she instructed the owner of the vehicle to contact the Senator of New Mexico because she could be of no further assistance.

☆U.S. G.P.O.: 1992 – 620-307/60766

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

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BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590