



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 798

Date Received

09-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007128

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) (Location at bottom of windshield and driver's side door) N/A	Vehicle Make NISSAN	Vehicle Model SENTRA	Vehicle Year 1994	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000 07380000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN:TRANSMISSION:AUTOMATIC:COOLING UNIT AND	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 08-APR-2002 Mileage at Failure(s) 92000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TRANSMISSION FLUID LEAKING FROM VEHICLE, CAUSING TRANSMISSION TO SLIP FROM TIME TO TIME. CONTACTED DEALER, AND THEY WERE NOT WILLING TO DO ANYTHING.*AK

COPIES OF REPORTS - FREE -

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.



U.S. Department
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National Highway
Traffic Safety

Administration

Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

747434

OFFICE OF INVESTIGATION

09-APR-2002

Date Received

Reference No.
8007128

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FOR AGENCY USE ONLY 758

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO

Signature of Owner: [Redacted] Date: 4/19/02

Vehicle Ident. No. (as assigned or driver's side): [Redacted]

Vehicle Make: NISSAN Vehicle Model: SENTRA Vehicle Year: 1994

Purchase Date: [Redacted] Dealer's Name: [Redacted] City: [Redacted] State: [Redacted] Zip Code: 21001

Engine Size (CID/CYL): [Redacted] No Cylinders: [Redacted] Fuel Injection: ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type: ☒ Automatic ☐ Manual

Restraint System: ☒ 3 Point Belt ☐ 2 Point Belt ☐ No

Vehicle Type: ☒ Car ☐ Van ☐ Minivan ☐ Other

Vehicle Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

Failed Component(s)/Part(s) Information

Component: 07300000 POWER TRAIN:TRANSMISSION:COOLING UNIT AND 07380000

Part Name(s): Location: ☐ Front ☐ Rear ☐ Left ☐ Right

Failed Part(s): ☐ Original ☐ Replacement

No. of Failures: (Dates) of Failure(s): 09-APR-2002 Mileage at Failure(s): 92000

Vehicle Speed at Failure(s): [Redacted] Parts): Previously: ☐ 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: ☐ Yes ☐ No

Fire: ☐ Yes ☐ No

Number of Persons Injured: [Redacted]

Number of Failures: [Redacted]

Estimated Property Damage: [Redacted]

Reported to Police: ☐ Yes ☐ No

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

TRANSMISSION FLUID LEAKING FROM VEHICLE, CAUSING TRANSMISSION TO SLIP FROM TIME TO TIME, CONTACTED DEALER, AND THEY WERE NOT WILLING TO DO ANYTHING.YAK

CONTINUE ON BACK IF NEEDED

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