Form Approved: O.M.B. No. 2127-0039

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 436

Date Received: 03-MAR-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 857891

[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.) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JN1HJ01F9RT235563	NISSAN	MAXIMA	1994	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06112000 06135000	**FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK** **FUEL:FUEL FILTER LINE**	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 16-FEB-2000
Mileage at Failure(s)_____
Vehicle Speed at Failure(s)_____

Failed Part(s) Available? ☐ Yes ☐ No

NHTSA Previously Contacted? ☐ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING THERE WAS A SMELL OF GAS IS IN THE VEHICLE. VEHICLE WAS TAKEN TO A REPAIR SHOP, AND FUEL FILTER WAS REPLACED. THE MANFACTURER WAS CONTACTED CONCERNIG RECALL 95V24400/ FUEL TANK ASSEMBLY: FILLER:NECK. BUT, THIS VEHICLE WAS NOT INCLUDED UNDR RECALL DUE TO VIN. *AK

CONTINUED ON BACK IF NEEDED

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

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

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FOR AGENCY USE ONLY 496

Date Received
00 MAR 22 PM 2:3
03-MAR-2000
OFFICE
DEFECTS INVESTIGATION

Od_or
It_df
od_rt
up_ltr

Reference No.
857891

OWNER INFORMATION (Type or Print)

[redacted] 593528

Work Number

Home N[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 [redacted] Date 3/14/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JN1HJ01F9RT235563	NISSAN	MAXIMA	1994	59379

Purchase Date: 2-7-97 ☐ New ☒ Used

Dealer's Name: PRIVATE OWNER
City: _____ State: PA Zip Code: _____

Engine Size (CID/CC/L): _____ No Cylinders: 6

☐ Turbo ☒ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ut ☐ 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)
06112000 06135000	FUEL:FUEL TANK ASSEMBLY;PIPE:FILLER:NECK FUEL:FUEL FILTER LINE	☒ Left ☐ Right ☐ Front ☒ Rear	☒ Original ☐ Replacement

No of Failures:

Date(s) of Failure(s): 16-FEB-2000
Mileage at Failure(s): 59 000
Vehicle Speed at Failure(s): IDLE

Failed Part(s) Available? ☒ Yes ☐ No

NHTSA Previously Contacted? ☒ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	NONE	NONE	NONE	☐ Yes ☒ No

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

WHILE DRIVING THERE WAS A SMELL OF GAS IS IN THE VEHICLE. VEHICLE WAS TAKEN TO A REPAIR SHOP, AND FUEL FILTER WAS REPLACED. THE MANFACTURER WAS CONTACTED CONCERNIG RECALL 95V24400/ FUEL TANK ASSEMBLY: FILLER:NECK. BUT, THIS VEHICLE WAS NOT INCLUDED UNDR RECALL DUE TO VIN. AK

CONTINUE ON BACK IF NEEDED