

U.S. Department  
of TransportationNational 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****252**

Date Received

**21-JUL-2000**

Od\_or \_\_\_\_\_

rt\_dt \_\_\_\_\_

od\_rt \_\_\_\_\_

up\_ltr \_\_\_\_\_

Reference No.

**865859**

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.)<br><small>(located at front of windshield or driver's side)</small> | Vehicle Make  | Vehicle Model | Vehicle Year | Current Odometer Reading |
| <b>JN1HJ01F1RT207482</b>                                                                      | <b>NISSAN</b> | <b>MAXIMA</b> | <b>1994</b>  |                          |

|                                                                       |                                       |                                |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size<br>(CID/CCL) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____            |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                                                 |                                                                                                                        |                                                                                                                                                |                                                                                             |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>06337000</b><br><b>06351000</b> | Part Name(s)<br><b>FUEL:FUEL INJECTION:MECHANICAL:INJECTOR</b><br><b>FUEL:FUEL INJECTION:IDLE SPEED CONTROL UNIT</b>   | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures<br><b>0</b>                     | Date(s) of Failure(s) <b>08-JUN-2000</b><br>Mileage at Failure(s) <b>70600</b><br>Vehicle Speed at Failure(s) <b>0</b> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                          | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><b>0</b> | Number of Fatalities<br><b>0</b> | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|----------------------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

**VEHICLE WAS IDLING HIGH. ALSO, VEHICLE BLEW A FUEL INJECTOR. VEHICLE WAS LEAKING GASOLINE. VEHICLE IS CURRENTLY AT THE DEALERSHIP.\*AK**

CONTINUE ON BACK IF NEEDED

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.



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## Vehicle Owner's Questionnaire (VOQ)

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1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

00 AUG 17 PM 1:59  
21-JUL-2000  
OFFICE

DEFECTS INVESTIGATION

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

865859

## OWNER INFORMATION (Type or Print)

621883

Work Number

Home Number

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 8/11/00

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) JN1HJ64F1RT267482  
Vehicle Make NISSAN  
Vehicle Model MAXIMA  
Vehicle Year 1994  
Current Odometer Reading 70,000

Purchase Date

JUL 98

Dealer's Name Bellevue Nissan

Engine Size

(CID/CC/L)

☐ Turbo☐ Diesel☐ Gas☒ Fuel Injection☐ New ☒ Used

City Bellevue State WA Zip Code

No Cylinders 6

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☐ Driverside Airbag☐ 2-Point Belt☐ Passengerside Airbag

Cruise Control

☒ Yes☐ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport UR☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08397000  
Part Name(s) FUEL:FUEL INJECTION:MECHANICAL:INJECTOR  
Location ☐ Left ☐ Right ☐ Front ☐ Rear  
Failed Part(s) ☐ Original ☒ Replacement ?

No of Failures

0

Date(s) of Failure(s) 08-JUN-2000

Mileage at Failure(s) 70000 / First Failure 60,000

Vehicle Speed at Failure(s) 0

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 ☐ Yes ☒ No  
Fire ☐ Yes ☒ No  
Number of Persons Injured 0  
Number of Fatalities 0  
Estimated Property Damage  
Reported to Police ☐ Yes ☒ No

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

VEHICLE WAS IDLING HIGH. ALSO, VEHICLE BLEW A FUEL INJECTOR. VEHICLE WAS LEAKING GASOLINE. VEHICLE IS CURRENTLY AT THE DEALERSHIP. AK

Vehicle had a periodic miss. The check engine lite had come on a year prior to the break-down. I had notified 2 dealerships (Nissans), the dealership I had purchased the car from and my local dealer, that a problem was present. Personally I am an apprentis. mech. and was aware there was

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

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

**BUSINESS REPLY MAIL**

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20580  
Official Business  
Penalty for Private Use \$300

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

11-11-11

A problem but was unable to figure out exactly what  
anyway this time the road problem occurred. The car had  
been parked for a couple of hours. I started the car -  
the check engine "came on". Thus I proceeded to drive  
the RPI's was erratic with no power on acceleration  
The car wasn't in an actual limp mode which I  
thought would be safe to drive it to the shop.  
There was a strong smell of gas. I was on  
the freeway and couldn't really determine if it was  
just all the gas on the road. What had occurred  
was the solenoid on top of the ejector failed and  
burnt out the injection. This was causing a fuel  
lean which could've been a serious event. I  
feel that the intermittent failing of the injection  
solenoid is a defect noticable to get a proper diagnosis  
caused a potentially serious fire hazard. I was fortunate  
that I knew then was a problem and unfortunately

|                                                                                                                                                                                                                     |   |   |  |  |  |  |  |  |  |      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|--|--|--|------|--|--|
| FORM 10 SHOW REQUIRED ADDRESS AND STAMP (NEEDED) FASTEN WITH CAPS OR STAPLES AND MAIL TO: DIRECTOR, FBI, WASHINGTON, D.C. 20535                                                                                     |   |   |  |  |  |  |  |  |  |      |  |  |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)                                                                                                                                                                      |   |   |  |  |  |  |  |  |  |      |  |  |
| TIRE IDENTIFICATION NO.                                                                                                                                                                                             |   |   |  |  |  |  |  |  |  |      |  |  |
| D                                                                                                                                                                                                                   | 0 | T |  |  |  |  |  |  |  |      |  |  |
| MANUFACTURER/TIRE NAME                                                                                                                                                                                              |   |   |  |  |  |  |  |  |  | SIZE |  |  |
| * 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)                                                                                                                                                                                   |   |   |  |  |  |  |  |  |  |      |  |  |

the "shops" I dealt with didn't have a clue of what to look for. I feel that if "Nissan" was aware of this occurrence in their vehicle it would save the sanity of it's customers. I really didn't appreciate being treated like "It was all in your head" that something was wrong. I have read alot of other complaints from others who have experinced the same problem, but only after putting out hundreds of dollars in repairs or a fire. I happen to know from working at a Nissan dealership that the "300" had injector defects which resulted in a recall. I've seen plenty of "Burnt-up" 300 being towed in. Knowing now that this could've happened to us I'm afraid to drive my car. After paying out 500.<sup>00</sup> to replace "1" injector and only 3000 miles the car is not running properly again. Besides the fact I can't afford another major repair I'm afraid to drive it if it's the same problem.

Sincerely

