



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 858

Date Received

06-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

882238

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150022	Part Name(s) ENGINE:GASKETS:OIL PAN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) C1-JAN-1999 110 Mileage 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)

OIL PAN LEAK.*AK

CONTINUE 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 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
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

958

Date Received

06-MAR-2001

06-MAR-2001

Od. on

rt. dt

od. rt

up. ltr

Reference No.

882238

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work No.

Home No.

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an owner, provide name and address to the vehicle manufacturer.

☐ YES

☐ NO

Signature of Owner

Date 3/20/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
[Redacted]	Nissan	SENTRA	1994	165,000

Purchase Date
10-1994

Dealer's Name

Bommerito Nissan

Engine Size
(CID/CC/L)

No Cylinders

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection

☒ New ☐ Used

City

Florissant

State

MO

Zip Code

63035

Transmission Type

☐ Manual

☒ Automatic

Antilock Brakes

☒ Yes

☒ No

Restraint System

☒ 3-Point Belt

☒ Driverside Airbag

☐ Passengerside Airbag

☐ Motorbelt

☐ 2-Point Belt

Cruise Control

☒ Yes

☒ No

Drive Train

☒ Front

☐ Rear

☐ 4-Wheel

Vehicle Type

☒ Car

☐ Van

☐ Minivan

☐ Other

☐ Sport Util

☐ Truck

☐ Motorcycle

Body Style

☒ 2-Door

☐ 4-Door

☐ Stationwagon

☐ Pick Up Truck

☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150022	Part Name(s) ENGINE:GASKETS:OIL PAN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) 01-JAN-1999 Mileage at Failure(s) 110 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

OIL PAN LEAK, *AK

CONTINUE ON BACK IF NEEDED

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