



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1374

Date Received **2003 APR 13-FEB-2003**

Repository
Reference No. **10007371 12**

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: **PORTLAND** State: **ME** Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of your signature or name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: **2/26/03**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **4A3AJ5L66VEB4681**

Make: **MITSUBISHI** Model: **GALANT** Model Year: **1997**

Date Purchased: **6-3-00** Dealer's Name and Telephone Number: **Papa Mitsubishi 207 774-5105** Engine: No. Cylinders: **6** Fuel Type: **Unleaded**

Original Owner: Dealer's City: **2123 Broadway So. Portland** State: **ME** Zip Code: **04106**

Transmission Type: **?** Antilock Brakes Cruise Control **?** Powertrain: **?** Vehicle Component Code: **141000 AIR BAGS:FRONTAL**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **2-13-03** Failure Mileage: **69000** Failure Speed: **30**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]

DOT No. (Example: DOTM15ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]

Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: **0** Number of Deaths: **0** Reported to Police: **N** Yes

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER WAS INVOLVED IN AN ACCIDENT, AND THE AIRBAGS FAILED TO DEPLOY. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
The Privacy Act of 1974-Public Law 93-502 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

My vehicle smashed into rear end of vehicle in front of me while my vehicle was going 30-35 mph. No injuries. My vehicle was totaled. I am waiting for Geico Insurance Company to salvage my vehicle before they tested air bag deployment.

Attached is body shop estimate. I also have pictures of vehicle. (2-28-08)

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE & SAFETY DEFECTS
COMPLETE THIS FORM
ON

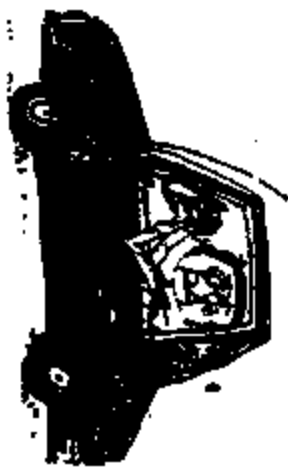
DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**