



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 100147

Date Received: 2003 MAY 15 2:08 PM
Repository:
Reference No.: 10014967

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: HOYT LAKES State: MN Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: Same

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN): FULLFILL 4A3AC74HX3E0715B5
Make: MITSUBISHI Model: ECLIPSE Model Year: 2003
Date Purchased: 09-24-2002 Dealer's Name and Telephone Number: KOLBA - 9705 Miller Trunk Hwy Duluth MN
Original Owner: Dealer's City: Duluth State: MN Zip Code: 55804
Engine: No. Cylinders: 6 Fuel Type: GAS
Transmission Type: AUTO Antilock Brakes: Powertrain: Cruise Control
Vehicle Component Code: D1000 STEERING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-MAR-2003 Failure Mileage: 4880 Failure Speed: - 0 -
Ignition Failure after start-up

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOT H4LSABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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: _____ Number of Deaths: _____ Reported to Police: N

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; (e.g., parts repaired or replaced (and if old part is available)).

THE STEERING WHEEL WAS HARD TO TURN. *JB The car would not start, but it had started when the steering wheel was tilted. The car quit and would not start. The ignition had come unplugged and completely disabled the car, had it happened while moving it could have been very serious.

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.

**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).**