



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) 2003 OCT - 1
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received
10/28/2003

Repository
Reference No.
10034228

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: HARLINGEN State: TX Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please print name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 9/2/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4A3AC8YH03E083217
Make: MITSUBISHI Model: ECLIPSE Model Year: 2003

Date Purchased: Jan 2003 Dealer's Name and Telephone Number: Hayne Mitsubishi
Original Owner: [Redacted] Dealer's City: Harlingen State: Texas Zip Code: 78550 Engine No: Cylinders: 6 Fuel Type: Unk

Transmission Type: Auto
 AntiLock Brakes Powertrain: [Redacted]
 Cruise Control
Vehicle Component Code: 138000 VISIBILITY:DEFROSTER/DEFOGGER SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Mileage: [Redacted] Failure Speed: [Redacted]

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: DOTM19ABC036) 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), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No Number of Persons Injured: 0 Number of Deaths: 0 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, i.e. parts repaired or replaced (and if old part is available).
15 minutes

WHILE DRIVING UNDER FOGGY WEATHER CONDITIONS DEFROSTER HAD BEEN RUNNING ABOUT AN HOUR, THEN THE DRIVER TURNED OFF THE DEFROSTER AND TURNED ON THE AIR CONDITIONER FOR ABOUT 20 MINUTES. DRIVER SUDDENLY HEARD A LOUD BANG NEAR REAR WINDOW. CONSUMER PULLED OVER, SAW TWO HOLES IN THE REAR WINDOW NEAR THE DEFROSTER VENTHOSE. CAUSE UNKNOWN. *AK
Two holes noted, each on both sides, one lower left next where defrost starts, the other on the right lower area where defrost starts, caused total rear windshield to shatter/crack.

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.