



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 100184

Date Received
JAN 23 PM 2:27
31-DEC-2003

Repository
Reference No.
10052224

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BRANDON State: MS 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 a signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 1/9/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4A3AC34G63
Make: MITSUBISHI Model: ECLIPSE Model Year: 2003
Date Purchased: 8/26/03 Dealer's Name and Telephone Number: VAN-TROW MITSUBISHI
Original Owner: Dealer's City: JACKSON State: MS Zip Code: 39174 Engine: 4 No. Cylinders: 4 Fuel Type: Unleaded
Transmission Type: Automatic Antilock Brakes: Powertrain: [Redacted] Vehicle Component Code: 160000 STRUCTURE
Cruise Control: Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 03-DEC-2003 Failure Mileage: 37 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: DOTM15ABC036) 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), condition(s), 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).

WHEN THE CONSUMER DROVE THE VEHICLE, IT WAS HARD TO SEE OUT OF THE REAR WINDOW. THE VEHICLE WAS DESIGNED WITH THE BACK SETTING TO HIGH UP. THE MANUFACTURER AND THE DEALER WERE AWARE OF THE PROBLEM. *JB

DOT FILE NO. 2004-01-0001 (2) 10052224

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)

The automobile has several really bad blind spots. My car has been moved by several strangers but visibility through the back glass is impaired. I have had many close calls when I did not see automobiles coming as I was changing lanes.

I have contacted several Mitsubishi dealerships as well as the manufacturer and received no help with this problem.

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



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OWNER'S
QUESTIONNAIRE**

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4236

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(DASH) & DOT



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