



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 100079

Date Received

2004 OCT 15
23-AUG-2004

Repository ☐

Reference No.
10089433

OWNER INFORMATION (Type or Print)

Name ☐
Address ☐
City JACKSONVILLE State NC Zip Code ☐

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4A3AE55H518 ☐

Make
MITSUBISHI

Model
ECLIPSE

Model Year
2001

Date Purchased 6-2002 Dealer's Name and Telephone Number STEVENSON TOYOTA
Original Owner ☐ Dealer's City JACKSONVILLE State NC Zip Code 28540
Engine: No. Cylinders 6 Fuel Type: Gas

Transmission Type ☐ Automatic ☒ Antilock Brakes ☒ Cruise Control
Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 201000 WHEELS: RIM
Multiple Failure 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-JAN-2003 Failure Mileage 80000 Failure Speed 25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/85R15)
DOT No. (Example: DOTM18BSC036) ☐ 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(es).)

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(es).
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).

WHILE DRIVING 25 MPH CONSUMER'S VEHICLE HIT A POT HOLE, AND PASSENGER'S SIDE WHEEL BENT. AS RESULT, THERE WAS DAMAGE TO THE TIRES. CONSUMER INDICATED THE WHEEL RIMS WERE MADE OF VERY SOFT EASILY BENT METAL *AK

Con. contacted Mitsubishi and they Refuse to Do Any thing - Since Then The other THREE Rims have bent and have had to be Replaced

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY
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 responses 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.