



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 1220

Date Received

20-SEP-2004

Repository

Reference No.

10092744

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City MINOA State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to use your report to the manufacturer of your vehicle?  
In the absence of an authorized signature, DO NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 10/20/04  YES  NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JA4MW31R82J [REDACTED]  
Make: MITSUBISHI Model: MONTERO Model Year: 2002  
Date Purchased: 10-30-02 Dealer's Name and Telephone Number: ROGER BURDICK MITSUBISHI 315-453-9901 Engine: No. Cylinders: 6 Fuel Type: PREMIUM UNLEADED  
Original Owner: [REDACTED] Dealer's City: CICERO, NY State: NY Zip Code: 13039  
Transmission Type: AUTD 4-SPD ELEC.  Antilock Brakes Powertrain: [REDACTED] Vehicle Component Code: 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK  
 Cruise Control Multiple Failure: 1 (NUMEROUS)

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-OCT-2003 Failure Mileage: 5535 Failure Speed: 25 MPH BRAKE BOOSTER

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): [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

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'S VEHICLE EXPERIENCED THE SAME PROBLEM AS STATED IN RECALL 01V254001. THE BRAKE PEDAL WENT COMPLETELY TO FLOOR UPON TRYING TO STOP. IN CLIMATE CONDITIONS THE VEHICLE WAS DIFFICULT TO STOP. \*AK  
I WAS TRAVELING BELOW SPEED LIMIT. VEHICLE WOULD NOT SLOW NOR STOP WHEN BRAKES WERE APPLIED.  
THIS IS AN ONGOING PROBLEM. BRAKES CONTINUOUSLY FEEL "SPONGY".  
DEALER SAID TRUCK WAS NOT PART OF RECALL.

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 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)

I PHONED MITSUBISHI AFTER RECEIVING YOUR RECALL PAPERWORK. THEY IMMEDIATELY HAD ME SPEAK WITH THEIR LEGAL DEPT. WHO TOLD ME THERE IS NOTHING THAT COULD BE DONE, THERE IS NO RECALL.

MY INSURANCE CO. (SEE ATTACHED) PAID FOR ALL DAMAGES INCURRED IN THIS ACCIDENT MINUS OUT OF POCKET \$500 DEDUCTIBLE.

MY CONCERN IS FOR THE SAFETY OF MY TWO SMALL CHILDREN I TRANSPORT DAILY IN A VEHICLE THAT IS CONSIDERED UNSAFE

THANK YOU

FEEL FREE TO CONTACT MY INSURANCE CO FOR ADDITIONAL INFORMATION IF NEEDED

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 OR

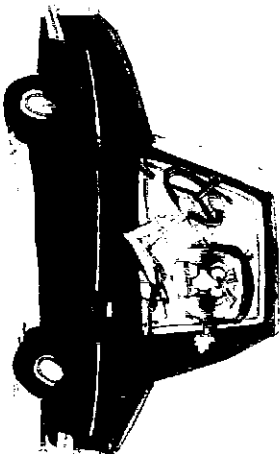
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline

# JEFFREY'S AUTO BODY, INC.

Page 1

Printed 03/04/03 8:00am  
Created 02/11/03 12:14am

6181 EAST TAFT RD.  
NORTH SYRACUSE, NY 13212

Quotation 17278  
Repair Order 7134

(315)458-0836 NY LIC 7051853 TAX ID 161326470 FAX: (315)452-0213

## FINAL BILL

<b>Customer: Insured</b> [REDACTED] KIRKVILLE, NY [REDACTED]	<b>Vehicle:</b> MITS MONTERO 4X4 XLS 4D UTV YEAR: 2002 Color: RED/TAN License: [REDACTED] NY Mileage In: 5537 VIN: JA4MW31R82J [REDACTED] Arrival Date: 02/20/03 Delivery Date: 02/27/03	<b>Insurance Company:</b> PROPERTY DAMAGE APPRAISERS PO BOX 91 CONSTANTIA NY 13044 Phone: (315)623-7115 FAX: (315)623-7416 Claim #: 390763G154 Date of Loss: 02/11/03 Deductible: 500.00 Appraiser: KEITH STEVENSON Appraiser Phone: (315)488-9150
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Written by Jeff Lyman		Labor Units						
Item	Price	Body/Fr	Mech	Other	Paint	Sublet	PT	BT
- 1	CREDIT NOT NEEDED TO ROUGH PULL & NO SET UP TO DO IT		F -3.0					CC
* 2	FRONT BUMPER							
* 3	Remove/replace Bumper cover (OVERHAUL)*	429.02	B* 1.8*		2.4*			0
4	Add for Clear Coat				1.1			
- 5	Remove/re-install Front Bumper license bracket		0.2					
- 6	Remove/replace RT Front Bumper Foglamp cover	61.20						0
* 7	Remove/replace RT Extension	126.73			*			0
8	Add for Clear Coat				0.1			
- 9	Refinish RT Front Bumper Endcap				0.5			
10	Remove/replace Reinforcement	214.10						0
11	Remove/replace RT Stay bracket	11.82						0
* 12	FENDER							
13	Remove/replace RT Splash shield	45.18	0.4					0
- 14	Remove/replace Front Body Splash shield	76.60	0.3					0
* 15	Remove/replace Splash shield under radiator	107.10	0.3*					0
* 16	REAR BUMPER							
- 17	OVERHAUL ASSY. Rear Bumper assy		1.4					
* 18	Remove/replace LT Corner cover all	212.97	*		1.8*			0
19	Add for Clear Coat				0.6			
- 20	Repair LT Bumper flare ext		0.5		0.5			
- 21	Remove/re-install LT Bumper flare ext		0.3					
- 22	Repair RR Bumper flare ext		0.5		0.5			
- 23	Remove/re-install RR Bumper flare ext		0.3					
- 24	Repair RT Rear Bumper cover		1.0					
- 25	Refinish RT Rear Bumper End Cap				1.8			
* 26	Refinish Tint color to match oem finish				0.5*			
* 27	Remove/replace cover vehicle from overspray	5.74*			0.2*			M*
* 28	Remove/replace Hardware clips fluids ect.	5.00*						M*
* 29	Refinish Dupont corrosion primer/new				0.6*			
- 30	Rustproofing	15.00			0.2			M
* 31	Remove/replace Mask glass interior jams trim, 3 panels*		*		0.6*			
* 32	Remove/replace Flex additive for plastics ect	10.00*			P*			M*

Motor/CCC EZEst database used. (\*) Indicates Estimator's Judgement. (-) Indicates Manual Entry.


(Continued)

Item	Price	Labor Units				Sublet	PT	BT
		Body/Fr	Mech	Other	Paint			
* 33 Remove/replace hazardous & solid waste removal	2.50*							H*

**Final Bill Summary**

New (OEM) Parts:	1284.72	Parts Total:	1284.72
Units	Rate	Amount	
Body :	7.0 \$ 40.00	\$ 280.00	Labor Total:
Frame :	-3.0 \$ 54.00	\$-162.00	217.94
Paint :	11.4 \$ 40.00	\$ 456.00	Paint/Material:
			5.00
			Body/Material:
			2.50
			Hazardous Disposal:
			145.89
			Tax:
			Sub Total:
			2230.05
			Approved Supplements:
			2553.81
			<b>Total:</b>
			<b>4783.86</b>

	Sub Total	Supplements	Total
PROPERTY DAMAGE APPRAISERS PAYABLE REPAIR	1903.39	2553.81	4457.20
██████████ PAYABLE REPAIR	326.66	0.00	326.66

I  , accept this itemized final bill.  
 Jeffrey's is not liable for operations refused reimbursement by INS.CO., see NC

Motor/CCC EZE database used. (\*) Indicates Estimator's Judgement. (-) Indicates Manual Entry.  
 PT - Price Types: O - New (OEM); E - New (Non-OEM); S - Used Parts; R - Reconditioned; Space - No Type  
 L - Labor; M - Material; H - Hazardous; A - Storage; T - Towing  
 BT - Billing Types: No Code - Insurance Charge; CC - Customer Charge; BT - Betterment; AP - Appearance Allowance;  
 PD - Prior Damage; NC - No Charge

# JEFFREY'S AUTO BODY, INC.

Page 1

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NORTH SYRACUSE, NY 13212

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## FINAL BILL SUPPLEMENT

<b>Customer: Insured</b> [REDACTED] KIRKVILLE, NY [REDACTED]	<b>Vehicle:</b> MITS MONTERO 4X4 XLS 4D UTV YEAR: 2002 Color: RED/TAN License: [REDACTED] NY Mileage In: 5537 VIN: JA4MW31R82J [REDACTED] Arrival Date: 02/20/03 Delivery Date: 02/27/03	<b>Insurance Company:</b> PROPERTY DAMAGE APPRAISERS PO BOX 91 CONSTANTIA NY 13044 Phone: (315)623-7115 FAX: (315)623-7416 Claim #: 390763G154 Date of Loss: 02/11/03 Deductible: 500.00 Appraiser: KEITH STEVENSON Appraiser Phone: (315)488-9150
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— Written by Jeff Lyman

Item	Parts Prices			Labor Units					
	Estimated	Actual	Diff	SN	Est	Act	Diff	PT	BT
* 1 Remove/replace RT Extension	126.73	126.73	*	4A P	0.4	0.4	* MO		
- 2 Repair LT EXTENTION AT MOUNT TAB				5A B	0.5	0.5			
Additional Paint Time				P	0.4	0.4			
- 3 Remove/re-install RT HEAD LAMP				1A B	0.2	0.2			
- 4 Remove/re-install LT HEAD LAMP				2A B	0.2	0.2			
- 5 Remove/re-install UPPER SIGHT SHIELD				3A B	0.3	0.3			
- 6 Repair RT FENDER				6A B	0.3	0.3			
Additional Paint Time				P	1.6	1.6			
- 7 Refinish ADD FOR CLEARCOAT				7A P	0.4	0.4			
- 8 Remove/re-install RT FENDER FLARE				8A B	0.4	0.4			
- 9 Remove/replace RT FENDER MONTERO EMBLEM		15.47	15.47	9A B	0.2	0.2	O		
- 10 Remove/replace RT FENDER XLS EMBLEM		7.40	7.40	10A B	0.2	0.2	O		
- 11 Remove/re-install ANTENNA MAST AND BASE				11A B	0.3	0.3			
- 12 Remove/re-install * RT FENDER SIDE MOULDING				12A B	0.3	0.3			
- 13 Remove/replace FRONT CROSS MEMBER		185.53	185.53	15A B	3.0	3.0	O		
Additional Paint Time				P	0.5	0.5			
- 14 Repair WELD REPAIR RT AND LT FRONT RAIL ENDS				16A B	1.0	1.0			
Additional Paint Time				P	1.0	1.0			
- 15 Repair SET UP AND MEASURE, denied				17A					
- 16 Repair ROUGH PULL FRONT CROSS MEMBER				18A F	1.0	1.0			
- 17 Remove/replace RT CORNER COVER		202.58	202.58	19A F	1.2	1.2	O		
- 18 Refinish ADD FOR CLEARCOAT RT REAR BUMPER COVER				20A P	0.3	0.3			
- 19 Repair LT Bumper flare ext				21A B	0.5	1.5	1.0		
- 20 Repair CHROME BUMPER BAR AT MOUNT POINTS				22A B	0.4	0.4			
* 21 Refinish Tint color to match oem finish (TWO TONE HAS NO CODE)*				23A P	0.5	2.0	1.5* M		
* 22 Remove/replace cover vehicle from overspray TWICE*	5.74	10.00	4.26*	24A P	0.2	0.5	0.3* MM*		
* 23 Remove/replace Mask glass interior jams trim, 3 panels*		10.00	10.00*	45A P	0.6	1.0	0.4* MM*		
- 24 Remove/re-install RT TAIL LAMP ASSEM				25A B	0.3	0.3			
- 25 Repair BUFF RT TAIL LAMP ASSEM				26A B	0.3	0.3			
- 26 Remove/re-install LT TAIL LAMP				27A B	0.3	0.3			
- 27 Remove/re-install LT QTR WHEEL HOUSE LINER				28A B	0.3	0.3			

Motor/CCC EZEst database used. (\*) Indicates Estimator's Judgement. (-) Indicates Manual Entry.

(Continued)

AMEX Assurance Company  
 1400 Lombardi Avenue  
 Green Bay, Wisconsin 54304-3922

**RENEWAL DECLARATION**

NEW YORK  
 POLICY NUMBER: [REDACTED]  
 POLICY PERIOD: 11/06/2001 - 05/06/2002  
 12:01 AM Standard Time

[REDACTED]  
 Kirkville, NY [REDACTED]

CLAIM # [REDACTED]  
 FOR CLAIMS SERVICE CALL:  
 (800) 872-5246  
 FOR CLIENT SERVICE CALL:  
 (800) 535-2001

COVERAGE/LIMIT	4	1992 MITSU MONTERO	9	1990 FORD RANGER
<b>BODILY INJURY LIABILITY</b> \$100,000 EACH PERSON/ \$300,000 EACH ACCIDENT		\$98.00		\$82.00
<b>PROPERTY DAMAGE LIABILITY</b> \$50,000 EACH ACCIDENT		INCL		INCL
<b>PERSONAL INJURY PROTECTION</b> \$150,000 COMBINED LIMIT OF BENEFITS WORK LOSS \$4,000 / DEATH \$2,000 OTHER EXPENSES \$50 (PER DAY)				
BASIC PERSONAL INJURY PROTECTION \$50,000 /\$0 DEDUCTIBLE		\$49.00		\$41.00
OPTIONAL BASIC ECONOMIC LOSS N/A		NONELECT		NONELECT
ADD'L PERSONAL INJURY PROTECTION \$100,000 / \$0 DEATH BENEFIT		\$8.00		\$8.00
<b>MEDICAL EXPENSE</b> \$5,000 EACH PERSON		INCL		INCL
<b>**SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS</b> \$100,000 EACH PERSON / \$300,000 EACH ACCIDENT		\$8.00		\$8.00
<b>CAR DAMAGE</b>				
<b>COLLISION (COV. D-1)</b> DEDUCTIBLES CAR 4-\$500 FULL COVG. WINDOW GLASS - NONELECT		\$49.00		NONELECT
<b>OTHER THAN COLLISION (COV. D-2)</b> DEDUCTIBLES CAR 4-\$200 FULL COVERAGE WINDOW GLASS CAR 4		\$31.00		NONELECT
<b>TOWING AND LABOR COSTS</b>		NONELECT		NONELECT
<b>RENTAL EXPENSE</b>		NONELECT		NONELECT
<b>*NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE</b>		\$1.00		\$1.00
<b>TOTAL SEMI-ANNUAL PREMIUM PER CAR</b>		\$244.00		\$140.00
<b>TOTAL PREMIUM ALL CARS - \$384.00</b>				

Coverage is provided only when both a premium and limit are shown.

\* We are required by New York Insurance Law 9110 to collect \$1 per motorized vehicle, per year, as an assessment for the New York Motor Vehicle Law Enforcement fund. We forward the fee to the Superintendent of Insurance, and the money is then used by the Division of State Police to fund the cost of activities relating to the detection, prosecution, or reduction of auto theft. If \$0 appears, the fee will be collected at your next renewal.

\*\* If a limit for Supplementary Uninsured/Underinsured Motorists coverage is listed, please refer to the endorsement section for an explanation of limits.



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

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Consumer:

As a result of your recent report to the DOT Auto Safety Hotline (DOT Hotline), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include **copies** of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a **copy** of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact Mr. Michael J. Jordan, Safety Defects Program Assistant, Correspondence Research Division, Office of Defects Investigation, at (202) 493-0576.

Thank you for your cooperation.

Sincerely,

Alberto A. Jimenez, Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosures: VOQ  
DOT Hotline Pamphlet



DOT AUTO SAFETY HOTLINE  
888-DASH-2-DOT  
888-327-4236