



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  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

2005

FOR AGENCY USE ONLY 100222

Date Received  
11-7-04  
17-NOV-2004 7:40

Repository   
Reference No.  
10101228

OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City ELMHURST State NY 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 permit your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
JA3BR46V1#

Make MITSUBISHI CARIBBEAN Model GALANT Model Year 1989

Date Purchased 7/30/89 Dealer's Name and Telephone Number MANHARSET MITSUBISHI 516 365 9300 Engine: No. Cylinders 4 Fuel Type: Gas

Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 183000 VEHICLE SPEED CONTROL CABLES  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-NOV-2004 Failure Mileage 112,000 Failure Speed 50 I DO NOT THINK THEY ARE STILL IN BUSINESS LOOK AT ATTACHED SHEET

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P216/66R15) \_\_\_\_\_  
DOT No. (Example: DOTM18ABC038)  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; i.e. parts repaired or replaced (and if old part is available).

WHILE THE CONSUMER'S FOOT IS ON THE BRAKES, WITH VEHICLE PARKED IT ACCELERATED AT 50 MPH. VEHICLE WAS SERVICED PRIOR TO THIS INCIDENT, AND CARBON WAS FOUND. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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.



CONTINUED

I DID NOT BRING IT BACK UNTIL I  
CAN FIND OUT IF YOU CAN HELP  
ME FIND OUT WHAT THE PROBLEM  
IS. I HAVE NOT DRIVEN MY CAR  
SINCE. I COULD BE ~~X~~ VERY  
DANGEROUS. I APPRECIATE  
ANY HELP YOU CAN GIVE ME.

Thank you,

P.S. ENCLOSED IS COPY OF TITLE &  
WORK MY MECHANIC ~~PERFORMED~~  
PERFORMED IN APRIL.

# CERTIFICATE OF TITLE

## NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

Title and Identification No. <b>JAEBR46U1EZ</b>	Year <b>1989</b>	Make <b>MITSU</b>	Body/Full <b>40SD</b>	Color <b>GY</b>	Document No. <b>2178225</b>
Weight/Seats/Length <b>2548</b>	Fuel <b>GAS</b>	Cyl/Prop. <b>4</b>	New or Used <b>NEW</b>	Type of Title <b>VEHICLE</b>	Date Issued <b>7/30/89</b>

Name and Address of Owner(s)

ODOMETER READING: 00009  
ACTUAL MILEAGE

ELMHURST NY

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This document is proof of your ownership of this vehicle or boat. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle or boat, complete the transfer section on the back and give this title to the new owner.

009951

PATRICIA B. ADDUCI  
Commissioner

Lienholder

Lienholder

Lienholder

Lienholder

MV-921 (8/88)

VOID IF ALTERED

**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).**