



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 100145

Date Received **2005 JAN 14**  
29-NOV-2004  
Repository   
Reference No. **014:12**  
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OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City **NEW YORK** State **NY** Zip Code [Redacted]  
Daytime Telephone Number [Redacted] E-mail Address [Redacted]  
Evening Telephone Number [Redacted]

Do you authorize NHTSA to contact you regarding your vehicle?  YES  NO  
In the absence of an authorized representative, please provide your address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date **12/15/04**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **4A3AC74H53E [Redacted]**  
Make **MITSUBISHI** Model **ECLIPSE** Model Year **2003**  
Date Purchased **?/2002** Dealer's Name and Telephone Number **Potomkin Mitsubishi** Engine: No: Cylinders Fuel Type: Gas  
Original Owner  Dealer's City **New York** State **NY** Zip Code **10019**  
Transmission Type  Antilock Brakes Powertrain Vehicle Component Code **190000 TIRES**  
**AUTOMATIC**  Cruise Control Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **22-NOV-2004** Failure Mileage **5004** Failure Speed **65**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make **GOODYEAR** Tire Model (Name or Number) **EAGLE** Tire Size (Example P215/65R15) **215/50R17**  
DOT No. (Example: DOTM19ABC036) **FILL IN IF No longer have the car.**  Original Equipment  Prior Repair Failure Location: **PASSENGER SIDE FRONT**  
Tire Component Code **190000 TIRES** Tire Failure Type **BLOWOUT**

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 **1** Number of Deaths **0** Reported to Police **Y 26 Pct - Report # 929**

Narrative Description of Incident(S), Crash(es), and Injury(ies). **212-678-1311**  
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 65 MPH FRONT PASSENGER'S SIDE TIRE EXPLODED. AS A RESULT, VEHICLE WENT INTO A SPIN AND CRASHED INTO A GUARD RAIL. \*AK**

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

The Privacy Act of 1974-Public Law 93-579 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 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.