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	Repository ☐
15-DEC-2004	Reference No. 10103809

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: PHILADELPHIA	State: PA	Zip Code	

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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
6MMAP67P02	MITSUBISHI	DIAMANTE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10/2/02	Ferruzzi Mitsubishi (215)547-5544			No. Cylinders: 6	Premium
Original Owner ☐	Dealer's City: 130 Lincoln Hwy, Fairless Hill	State: PA	Zip Code: 19030		

Transmission Type			Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control	Powertrain	060000 ENGINE AND ENGINE COOLING Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
15-AUG-2004	55000	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 DRIVING ENGINE CHECK LIGHT WILL NOT ILLUMINATE. VEHICLE STALLED. CONSUMER TOOK VEHICLE TO DEALER, AND WAS TOLD THEY COULD NOT FIX THE VEHICLE BECAUSE THE ENGINE CHECK LIGHT DID NOT ILLUMINATE. ALSO, WAS TOLD THEY REPLACED THE CRANK SENSOR. CONSUMER TOOK VEHICLE TO DEALER THREE TIMES FOR THE SAME PROBLEM. *AK

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

This auto was brought used with 20000 miles on it, now that I'm having problems with it I found out I was over charged for this vehicle. It has been in service many times for this same problem. It shuts off, lose accelerating pressure, runs poorly etc. This cars dangerous and inconvient. Please help me.

Thank You

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-215
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

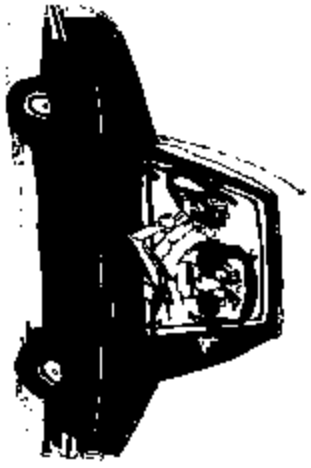
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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IMA GROUP

TOTAL LOSS PROTECTION PROGRAM

Application # 80A[illegible]2

This Total Loss Protection ("TLP") Retail Installment Sales Contract [illegible] and between the Purchaser/Lessee ("YOU", "YOUR") and the [illegible]

VEHICLE INFORMATION:

Year: 2002	Inception Date: [illegible] Make: [illegible]	Model: [illegible] [illegible]
VIN#: [illegible]P57P0[illegible]		[illegible]

DEALER INFORMATION:

Name: PERUZZI MITSUBISHI	Dealer #: [illegible]	Phone: (21[illegible]) [illegible]
Address: 130 LINCOLN HWY		
City: FAIRLESS HILLS	State: PA	Zip: 19030

GAP ☐ GAP PLUS ☐ [illegible]

LENDER/LESSOR INFORMATION:

Name: HOUSEHOLD AUTOMOTIVE FINANCE CORP.	Phone: [illegible]
Address: P. O. BOX 17[illegible]	
City: SAN DIEGO	State: CA	Zip: 92177

PURCHASER/LESSEE INFORMATION:

Name:	Phone:
Address:	
City: PHILA	State: PA	Zip:

Lease Agreement ☐ Retail Installment Sales Contract ☒

The Purchaser/Lessee has read this [illegible] receipt of a copy thereof. Purchaser/Lessee [illegible] or lease this vehicle.

PURCHASER/LESSEE MAY CANCEL THIS [illegible] DURING THE ORIGINAL TERM OF THE RETAIL INSTALLMENT SALES CONTRACT [illegible] THIRTY (30) DAYS OF PURCHASE IS ELIGIBLE FOR A FULL REFUND [illegible] PURCHASE WILL BE REFUNDED USING THE PRO RATA METHOD, UNLESS OTHERWISE REQUIRED UNDER APPLICABLE STATE LAW. IF YOU CANCEL, DEALER WILL REFUND THE ENROLLMENT CHARGE [illegible]

PURCHASER/LESSEE AUTHORIZES THE LENDER/LESSOR TO RELEASE TO PROGRAM ADMINISTRATOR [illegible] PAYMENT HISTORY UPON REQUEST IN THE EVENT OF A LOSS.

PURCHASER/LESSEE [illegible]

DEALER [illegible] CO-PURCHASER/LESSEE DATE

Program Administered by:
Jim Moran and Associates, Inc. • P. O. Box [illegible] • Deerfield Beach, FL 33443
800/443-3841

[illegible]

PLEASE SEE THE TERMS AND CONDITIONS ON THE BACK.

White - [illegible] Yellow - [illegible] Canary - [illegible] [illegible]

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).