



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 100248

Date Received

Repository ☐

17-FEB-2005

Reference No.

10111719

OWNER INFORMATION (Type or Print)

Name

Address

City

RENTON

State WA

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 authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 3/10/05

VEHICLE INFORMATION

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

JA3AH86F53U

Make

MITSUBISHI

Model

LANCER EVOLUTION

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

☒

Antilock Brakes

MANUAL

☒

Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

121000 EXTERIOR LIGHTING:HEADLIGHTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

15-FEB-2004

Failure Mileage

Failure Speed

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: DOTM9ABC036)

☐ 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

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).

THE LOW BEAMS ON THE VEHICLE DO NOT LIGHT FAR ENOUGH AT NIGHT MAKING THE ABILITY TO SEE THE ROAD DIFFICULT. MANUFACTURER WILL BE CONTACTED BY CONSUMER. *NM

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.