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 100216

Date Received	Repository ☐
2005 APR 25 AM 8:11 25-FEB-2005	Reference No. 10113073

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address			Evening Telephone Number	
City: CHILHOWIE	State: VA	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 3/21/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
6MMAP67P21T	MITSUBISHI	DIAMANTE	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
3/28/2001	Marion Mitsubishi			No. Cylinders 6	unlead
Original Owner ☒	Dealer's City: Marion, VA	State: VA	Zip Code: 24354		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	138120 VISIBILITY:DEFROSTER/DEFOGGER SYSTEM:WINDSHIELD:H Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-DEC-2004			

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	0	0	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 DRIVER NOTICED THAT THE PASSENGER SIDE DEFROSTER WAS INOPERATIVE. ANTIFREEZE WAS LEAKING FROM THE PASSENGER SIDE DOOR. THE PASSENGER SIDE WINDOW FOGGED AND CAUSED POOR VISIBILITY TO THE DRIVER. THE DRIVER CONTACTED THE DEALER AND WAS INFORMED THAT THE HEATER COIL NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER DETAILS. *NM

Anti-Freeze smells the car up & leaks onto floor carpet damp
Dangerous to drive because of Fog up.

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