



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 100148

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CHARLOTTE State NC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, this report is sent to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 1/30/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: JA4MW51R31J [REDACTED]
Make: MITSUBISHI Model: MONTERO Model Year: 2001
Date Purchased: 28-APR-03 Dealer's Name and Telephone Number: KEFFER MITSUBISHI Engine: No: Cylinders: Fuel Type: Gas
Original Owner: Dealer's City: STATESVILLE State: NC Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 033100 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:VACUUM
Multiple Failure: 100

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-DEC-2005 Failure Mileage: 140000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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).

DT*: THE CONSUMER STATED THERE IS A NOISE COMING FROM THE LEFT FRONT WHEEL. WHEN THE BRAKES WERE APPLIED, THERE WAS A METAL TO METAL GRINDING SOUND. THERE WAS A RECALL ON THE BRAKE ACCUMULATOR, NHTSA # 01V254001. THE VEHICLE WAS REPAIRED PRIOR TO OWNERSHIP UNDER THIS RECALL. THE RECALL WORK HAS FAILED. *JB

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 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.