



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

Date Received

Repository

15-JAN-2008  
PM 2:14

Reference No.  
10215101

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City CLARKSVILLE State TN Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize \_\_\_\_\_  
 In the absence of \_\_\_\_\_  
 Signature of Owner \_\_\_\_\_

\_\_\_\_\_ of your vehicle?  
 \_\_\_\_\_ address to the vehicle manufacturer.  
 YES  NO  
 Date 1/29/08

**VEHICLE INFORMATION**

17 digit vehicle identification Number Located at bottom of windshield on driver's side  
 4A3AB46F35E \_\_\_\_\_  
 Make MITSUBISHI Model GALANT Model Year 2005

Date Purchased 01-MAY-05 Dealer's Name and Telephone Number \_\_\_\_\_  
 Engine: No: Cylinders 4 Fuel Type: Gas  
 Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transmission Type AUTOMATIC  
 Antilock Brakes  
 Cruise Control  
 Powertrain FRONT WHEEL DRIVE  
 Vehicle Component Code 121000 EXTERIOR LIGHTING:HEADLIGHTS  
 Multiple Failure: 3

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 01-JAN-2007 Failure Mileage 31000 Failure Speed 15

**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: DOTM19ABC036)  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).

TL\*THE CONTACT OWNS A 2005 MITSUBISHI GALANT. THE DRIVER SIDE HEADLIGHTS HAVE FAILED THREE TIMES WITHIN THE PAST 12 MONTHS. THE FIRST FAILURE OCCURRED WHILE DRIVING 15 MPH. THE CONTACT HAS TAKEN THE VEHICLE TO THE DEALER EVERYTIME THE FAILURE OCCURS, BUT THEY COULD NOT DETERMINE THE CAUSE OF THE FAILURE. THE FAILURE MILEAGE WAS 31,000 AND CURRENT MILEAGE WAS 51,000.

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.