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

2008 JUL -3 AM 9:44

FOR AGENCY USE ONLY 100148

Date Received	Repository
12-JUN-2008	☐
	Reference No. 10230789

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: COLUMBUS	State: OH	Zip Code:	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 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
JA3CD49G4P2	MITSUBISHI	EXPO	~~9999~~ 1993

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
4-2002				4	Reg. UNL.
Original Owner ☐	Dealer's City: Cols.	State: OH	Zip Code: 43213		

Transmission Type		Powertrain	Vehicle Component Code
4-SPEED AUTO	☐ Antilock Brakes ☑ Cruise Control	FRONT Wheel Drive	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: Yes

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
19-APR-2003	108000	35

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).

TL*THE CONTACT OWNS A 2003 (NA) MITSUBISHI EXPO. WHILE DRIVING 35 MPH, THE CONTACT HEARD A WINDING NOISE FOR APPROXIMATELY ONE MONTH. WHILE BACKING OUT OF THE DRIVEWAY, HE STILL HEARD THE WINDING NOISE FOLLOWED BY A THUNK. THE REVERSE GEAR FAILED. THE VEHICLE WAS PLACED INTO DRIVE AND PARKED. THE VEHICLE WAS REPAIRED WITH A NEW TRANSMISSION KIT, WHICH LASTED APPROXIMATELY 2.5 YEARS. WHILE DRIVING APPROXIMATELY 35 MPH, THE DRIVE AND REVERSE GEARS FUNCTIONED PROPERLY. THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 98V168000 (POWER TRAIN:AUTOMATIC TRANSMISSION). THE CURRENT MILEAGE WAS 115,000 AND FAILURE MILEAGE WAS 108,000.

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