



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 <input type="checkbox"/>
22-JUL-2008	Reference No. 10235321

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
SCOTTSDALE	AZ	[REDACTED]	

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

Do you authorize NHTSA to print and use your name and address to the vehicle manufacturer? YES NO
Signature of Owner _____ Date 7/31/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JA4MR41H7S [REDACTED]	Make MITSUBISHI	Model MONTERO	Model Year 1995
Date Purchased 3-21-08	Dealer's Name and Telephone Number PRIVATE OWNER		Engine: No: Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City SCOTTSDALE	State AZ	Zip Code 85251
Transmission Type Auto	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Fuel Type: GAS
		Vehicle Component Code 060000 ENGINE AND ENGINE COOLING	
		Multiple Failure:	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-JUL-2008	Failure Mileage 152000	Failure Speed 0
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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: DOTM4L9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 1995 MITSUBISHI MONTERO. WHILE AT A STOP SIGN, THE INSTRUMENT PANEL LIGHTS ILLUMINATED AND THE VEHICLE BECAME DIFFICULT TO STEER. THE MECHANIC STATED THAT THE PULLEY WAS NOT WORKING PROPERLY. THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 00V311001 (ENGINE AND ENGINE COOLING:ENGINE). THE CURRENT AND FAILURE MILEAGES WERE 152,000.

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.