



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 OCT -2 PM

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
08-SEP-2008	Reference No. 10241303

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City SCHENECTADY	State NY	Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an address or address to the vehicle manufacturer. YES NO
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4A4MN21S74E	Make MITSUBISHI	Model ENDEAVOR	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code: 022000 SUSPENSION:REAR
Multiple Failure:			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-MAY-2008	Failure Mileage 65000	Failure Speed 30
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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: DOTM19ABC036)	<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 2004 MITSUBISHI ENDEAVOR. WHILE DRIVING APPROXIMATELY 30 MPH, THE CONTACT HEARD A LOUD NOISE COMING FROM UNDERNEATH THE VEHICLE. THE NOISE INTENSIFIED WHEN DRIVING IN REVERSE OR MAKING A TURN. ALSO, THE CONTACT FELT A VIBRATION FROM THE STEERING WHEEL. THE FAILURES OCCURRED WITHOUT WARNING. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER AND THEY STATED THAT THE FAILURES WERE RELATED TO THE REAR END SPINDLE BUSHINGS. AS A RESULT, THE REAR TIRES BECAME WORN. THE VEHICLE WILL BE REPAIRED FOR THE FAILURES. THE FAILURE MILEAGE WAS 65,000 AND CURRENT MILEAGE WAS 73,000.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

This part that was slowly breaking, was causing my new back tires to ware out. The outside tread on my new three months old tires are just about completely worn out. I'm sending copies of the dealers invoice with the repairs the completed on the veicle.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

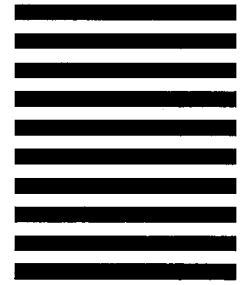
ALBANY NY 122
22 SEP 2008 PM 4 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

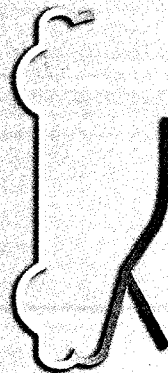
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

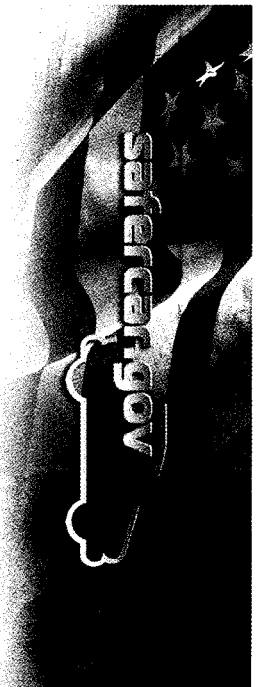
www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration





DE NOOYER MITSUBISHI

2038 Central Ave.
 ALBANY, NEW YORK 12205
 Telephone: (518) 869-3125

DMV REG NO. _____

CELL: _____

CUSTOMER NO.	ADVISOR TOM BURGER	TAG NO. 74	INVOICE DATE 09/09/08	INVOICE NO. MICS121683
RESIDENCE PHONE SCHENECTADY, NY	LABOR RATE	MILEAGE 78,118	COLOR GRAY/	STOCK NO.
	YEAR / MAKE / MODEL 04/MITSUBISHI/ENDEAVOR	DELIVERY DATE		DELIVERY MILES
	VEHICLE I.D. NO. 4 A 4 M N 2 1 S 7 4 E	SELLING DEALER NO.		PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	POI DATE 09/09/08	
BUSINESS PHONE	COMMENTS			MO: 78118

LABOR & PARTS	QTY	FP-NUMBER	DESCRIPTION	UNITS	TECH(S)	UNIT PRICE
J# 1 34MIZ-1 REAR SUSP. REPAIR INSTALL NEW REAR SUSPENSION ARM BUSHINGS QUOTED -\$294.00 LABOR				3.00	10	294.00
PARTS						
JOB # 1	2	4110A033	BUSHING,RR AXLE			63.80
JOB # 1 TOTAL PARTS						63.80
JOB # 1 TOTAL LABOR & PARTS						357.80
J# 2+99MIZ-NYSI SAFETY/EMISSION INSP PERFORM NY STATE SAFETY/EMISSIONS INSPECTION STICKER# 4901647 457V					10	15.00
PARTS						
JOB # 2 TOTAL PARTS						0.00
JOB # 2 TOTAL LABOR & PARTS						15.00
J# 3+54MIZ-1 ELECTRICAL REPAIRS INSTALL NEW LICENSE PLATE BULB					10	15.00
PARTS						
JOB # 3	2	AL000194	BULB (12V-5W)			2.44
JOB # 3 TOTAL PARTS						2.44
JOB # 3 TOTAL LABOR & PARTS						17.44
J# 4+99MIZ-RECOMMEND RECOMMENDED SERVICE RECOMMENDED SERVICES FOR OWNERS CONSIDERATION TIMING BELT DUE AT 60,000 MILES-					10	0.00
PARTS						
JOB # 4 TOTAL PARTS						0.00
JOB # 4 TOTAL LABOR & PARTS						0.00
MISC	CODE	DESCRIPTION			CONTROL NO	
JOB # 2		STICKER INSPECTION STICKER				6.00
TOTAL - MISC						6.00

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED.
 ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURERS. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCT.
 LIMITED EXPRESS WARRANTY

LABOR AND PARTS ARE WARRANTED FOR 12 MONTHS OR 12,000 MILES, WHICHEVER OCCURS FIRST AGAINST DEFECTS WORKMANSHIP OR MATERIALS UNLESS OTHERWISE SPECIFIED. THE DEALER HEREBY LIMITS ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS TO THE SAME PERIOD.

TECHNICIAN CERTIFICATION
 10 DONALD J. BRADY JR. 457V

Reynolds and Reynolds TO ORDER: www.reynolds.com; 1-800-344-0998; Fax: 1-800-531-9055



DE NOOYER MITSUBISHI

2038 Central Ave.
 ALBANY, NEW YORK 12205
 Telephone: (518) 869-3125

CELL: _____

DMV REG NO _____

CUSTOMER NO. _____	ADVISOR TOM BURGER	74	TAG N° _____	INVOICE DATE 09/09/08	INVOICE NO. MICS121683
SCHENECTADY, NY	LABOR RATE _____	_____	MILEAGE 78,118	COLOR GRAY/	STOCK NO. _____
	YEAR / MAKE / MODEL 04/MITSUBISHI/ENDEAVOR			DELIVERY DATE _____	DELIVERY MILES _____
	VEHICLE I.D. NO. 4 A 4 M N 2 1 S 7 4 E			SELLING DEALER NO. _____	PRODUCTION DATE _____
	F.T.E. NO. _____	P.O. NO. _____	P.O. DATE 09/09/08		
_____	_____	COMMENTS			MO: 78118

TOTALS -----

* CASH [] CHECK [] CK # [] *

* CREDIT CARDS : VISA [] MC [] AMEX [X] *

* AUTHORIZATIO # [157908] *

* HOUSE CHARGE [] *

* INITIALS [] DATE [9/9/08] *

* TIME OF PICK UP [] *

TOTAL LABOR..... 324.00

TOTAL PARTS..... 66.24

TOTAL SUBLET... 0.00

TOTAL G.O.G.... 0.00

TOTAL MISC CHG. 6.00

TOTAL MISC DISC 0.00

TOTAL TAX..... 30.02

TOTAL INVOICE \$ 426.26

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THANK YOU FOR CHOOSING OUR SERVICE CENTER.
 OUR GOAL IS YOUR COMPLETE SATISFACTION.

CUSTOMER SIGNATURE

Reynolds and Reynolds EBALZIRNVN TO ORDER: www.reynolds.com, 1-800-344-0996; fax: 1-800-531-9055