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

2010 JAN 28 PM 2:20

FOR AGENCY USE ONLY 100148	
Date Received: 12-JAN-2010	Repository ☐
	Reference No.: 10299083

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: ROCKY MOUNTAIN	State: NC	Zip Code: [redacted]	Evening Telephone Number: [redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4A3AE45G92E[redacted]	MITSUBISHI	ECLIPSE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☐ Cruise Control			22-JAN-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 980000 UNKNOWN OR OTHER	Failure Mileage	Failure Speed
	0	45

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
[X] Yes ☐ No	[X] Yes ☐ No	1	1	Y

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).

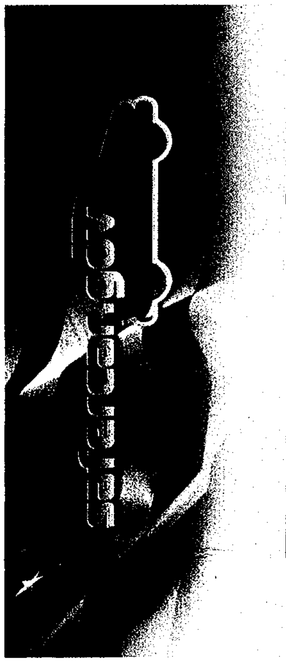
TL*THE CONTACT OWNS A 2002 MITSUBISHI ECLIPSE CONVERTIBLE. THE VEHICLE EXPLODED WHILE DRIVING APPROXIMATELY 45 MPH AND THE DRIVER WAS KILLED AS A RESULT. THE CONTACT WAS NOT GIVEN A DIAGNOSIS AS TO WHAT CAUSED THE VEHICLE TO EXPLODE. A POLICE REPORT IS AVAILABLE IF NEEDED. THE MITSUBISHI MANUFACTURER HAS NOT BEEN NOTIFIED. THE FAILURE MILEAGE WAS UNKNOWN.

I won't to pursue Mitsibishi Motors, because something caused that vehicle to explode. I never got to see the vehicle.

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 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.

See BACK ⇒



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

NHTSA

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

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

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Highway 64 Which runs through Nash/Franklin/Wake Counties from Rocky Mount to Raleigh is a very dangerous highway. [redacted]/my spouse was a victim 3 times on that road. It's very dark, always construction work not properly Cautioned off. The pavement is always one side up and one side down I personally rode with him. It's a unsafe highway because one incident he was ran off the highway by a long distance trucks and made him hit a guardrail, but he swerved around and came back home with the

Car all scratched up. No was police called

1/18/10

TO: National Highway Safety Commission.

As my Conversation to you I was speaking for you to investigate the death of my spouse [redacted]. He was driving the vehicle belonging to [redacted] It is noted on the police report enclosed. On your form its listed as the car belonging to him and I. He was a car salesman at Raleigh Capital, Ford. Something caused this car to explode. (1) Brakes (2) gas tank (3) tire what was the size and pressure at impact - I don't have that info. (4) accelerator, (5) oil content (6) when was last oil change? (7) Frame of car (8) convertible top (9) may not been working properly

I am requesting all and everything be look into and investigated about that 2002 eclipse. As stated, the wounds is [redacted] He died trying to help someone and my children and I are needing to know. The Trooper asked me if I had questions on the day of his funeral. I am now wanting answers. It's been a struggle dealing with this explosive situation. Please sir or madam we need an answer, I don't know where [redacted] purchased the eclipse from. According to the last person to see him alive it was raining the morning and very cold.

Sincerely

[redacted]

Widow of [redacted]

D.O.D Jan. 22, 2008

(over)

I am and was at the time of his permanently disabled. I am Legally Blind and can no longer drive since 2005.

My Home Telephone is [redacted].

When and if you need to call, Please Identify Yourself.

Thank You!

DMV-349 (Rev. 9/99) THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

Date Received by DMV

No. of Units involved: 1 | Form 1 of 1 | ☐ Supplemental Report | ☐ Non-Reportable

Date	County	Time	Local Use/Patrol Area
01/22/2008	FRANKLIN	02:57	080122011CA-A8

LOCATION

33 Relation to Roadway Surface: 3 | Crash occurred: ☐ In ☒ Near | BUNN (Municipality) | or 09.60 Miles ☐N ☒S ☐E ☐W outside municipality

on US 64 (Highway Number, or Highway Street (if ramp or service road, indicate on line)) | ☐ Ramp or Service Road | (R.R. Crossing #) | 01.50 Miles ☐N ☐S ☐E ☒W

☐ At ☒ From RP 1737 (Use Highway Number, Street Name or Adjacent County or State Line) ☐N ☐S ☐E ☒W toward NC 39 (Use Highway Number, Street Name or Adjacent County or State Line)

(If Intersection) ft. | Latitude | Longitude | Altitude

UNIT# 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver [redacted] (First) (Middle) [redacted] (Last)

Address [redacted]

City ROCKY MOUNT State NC Zip [redacted]

Same Address on Driver's License? ☐ Yes ☒ No | Driver's Phone Numbers H [redacted] W

D.L. # [redacted] State NC

CDL License ☐

DOB [redacted] 34 Vision Obstruction 13 | 35 Physical Condition 10 | 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 7 | 38 Alcohol/Drugs Test 1 | 39 Results (if known) 5 | 40 Vehicle Seizure (DWI) ☐

Owner [redacted] Same as Driver? ☐

Address [redacted] Same Address as Driver? ☐

City RALEIGH State NC Zip [redacted]

Plate # [redacted] Plate State NC Plate Year 2008

VIN 4A3AE45G92E[redacted]

Vehicle Make MITSUB | Vehicle Year 2002 | 41 Vehicle Style (Type) 1 | 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD FL-6 | 44 Estimated Damage 12000

Insurance Company PROGRESSIVE AMERICAN INS CO

Policy # [redacted]

UNIT# ___ ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ___

Driver (First) (Middle) (Last)

Address

City State Zip

Same Address on Driver's License? ☐ Yes ☐ No | Driver's Phone Numbers H W

D.L. # State

CDL License ☐

DOB | 34 Vision Obstruction | 35 Physical Condition | 36 D.L. Restrictions

37 Alcohol/Drugs Suspected | 38 Alcohol/Drugs Test | 39 Results (if known) | 40 Vehicle Seizure (DWI) ☐

Owner Same as Driver? ☐

Address Same Address as Driver? ☐

City State Zip

Plate # Plate State Plate Year

VIN

Vehicle Make | Vehicle Year | 41 Vehicle Style (Type) | 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD | 44 Estimated Damage

Insurance Company

Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type ___ ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# | ICC# | Axles on Vehicle Including Trailers

State | State # | IFTA#

FEI# | Fleet# | Gross Vehicle Weight Rating

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	B	M	10	5	4	1	1	1	see above — Veh# 1 Towed To/By: BUNN EXXON / BUNN EXXON ROLLBACK
B				Unit 2-Drv 2, Ped 2, etc. see above									see above — Veh# ___ Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS A-FRANKLIN CO EMS

47 Injured Taken by EMS to A-FRANKLIN COUNTY MORGUE (Treatment Facility and City or Town)

46 Name of EMS

47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 1 3 / Unit#

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit#
49 Vehicle Maneuver/Action	4	
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	2	
53 Crash Sequence - Second Event	48	
54 Crash Sequence - Third Event	53	
55 Crash Sequence - Fourth Event	9	
56 Most Harmful Event for This Unit	9	
57 Distance/Direction to Object Struck	7	
58 Vehicle Underride/Override	3	
59 Vehicle Defects	0	

VEHICLE INFO.	Veh# 1	Veh#
60 Authorized Speed Limit	70	
61 Estimate of Original Traveling Speed	80	
62 Estimate of Speed at Impact	80	
63 Tire Impressions Before Impact (ft.)	574	
64 Distance traveled After Impact (ft.)	210	
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	[X]	[ ]
67 School Bus - Contact Vehhicle	[ ]	[ ]
68 School Bus - Noncontact Vehicle	[ ]	[ ]

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	1
71 Road Classification	2
72 Road Surface Type	3
73 Road Configuration	4
74 Access Control	1
75 Number of Lanes	4
76 Traffic Control Type	0
77 Traffic Control Oper	

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit#
82 Trailer Type	0	
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit # ____ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

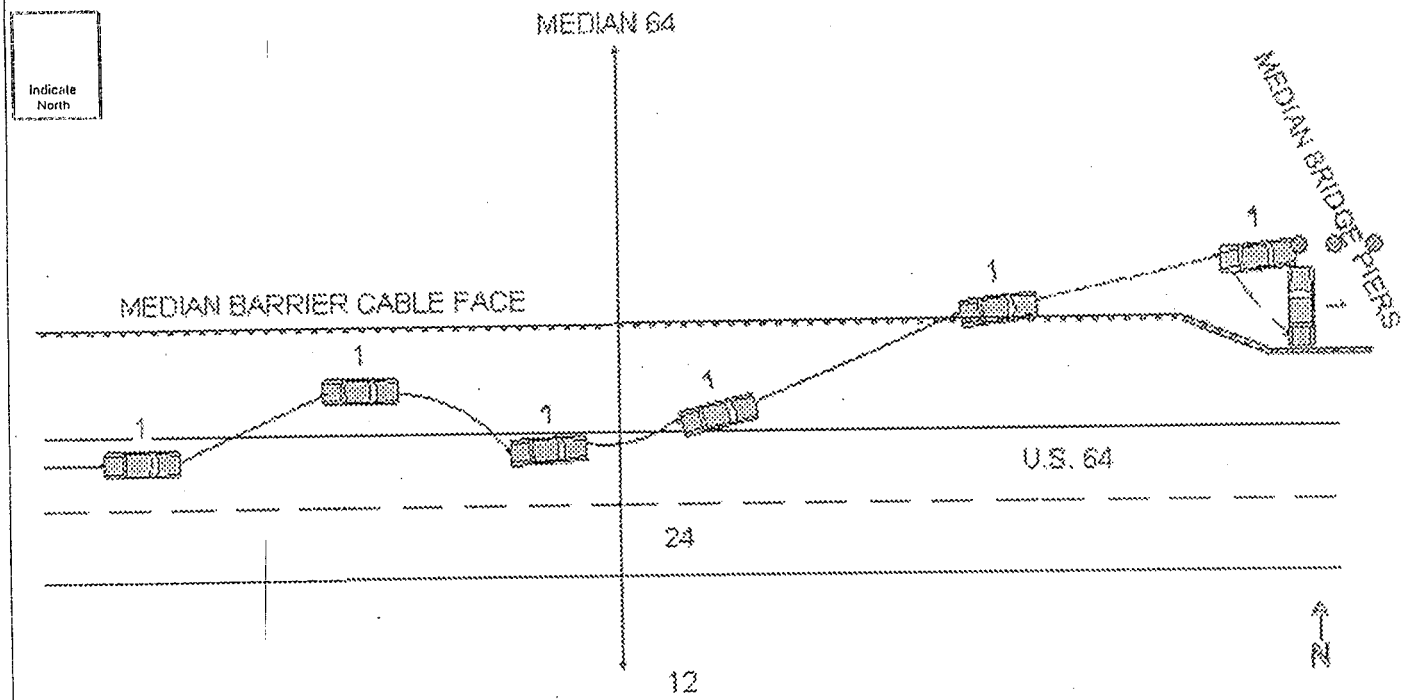
COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard [ ] Yes [ ] No — From Placard indicate: 4-digit placard number or name from diamond or box; 1-digit number from bottom of diamond

Hazardous Cargo Released (does not include fuel from fuel tank) [ ] Yes [ ] No

Carrying Haz Mat [ ] Yes [ ] No

84 DIAGRAM



Unit# 1 was [X] Traveling [ ][ ][X][ ] on US 64 — Unit# ____ was [ ] Traveling [ ][ ][ ][ ] on ____
[ ] Parked Facing N S E W — [ ] Parked Facing N S E W

85 NARRATIVE (include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEHICLE 1 WAS TRAVELING EAST ON US 64. VEHICLE 1 RAN OFF THE ROADWAY ON THE LEFT INTO THE MEDIAN. VEHICLE 1 REENTERED THE ROADWAY AND RAN OFF THE ROADWAY ON THE LEFT A SECOND TIME. VEHICLE 1 STRUCK THE MEDIAN BARRIER CABLE FACE AND A BRIDGE PIER. VEHICLE 1 CAME TO REST IN THE MEDIAN FACING NORTH AFTER THE COLLISION. VEHICLE 1 WAS INVOLVED IN A POST CRASH FIRE AS A RESULT OF THE COLLISION.

86 Type/Owner: MEDIAN CABLE / NORTH CAROLINA DEPT OF TRANSPORTATION

Owner Address / Phone: 321 GILLBURG R.D., HENDERSON NC 27536 / (252) 492-0111

ADDITIONAL PROPERTY DAMAGE — State Property? [X] Estimated Damage $ 1000

WITNESSES

Name ____ Address ____ Phone No. ____

Name ____ Address ____ Phone No. ____

TRAFFIC VIOLATION(S)

Name ____ Charge(s) (Citation # optional) ____

Name ____ Charge(s) ____

Officer Name	Officer Number	Department		Date of Report
TRP. T L HUNT	2111	STATE HIGHWAY PATROL	NCNHP0000	01/22/2008

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.