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
OCT 25 2011 16-SEP-2011	☐
	Reference No. 10425768

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City ST. GEORGE	State UT	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
4A3AE45G52E[redacted]	MITSUBISHI	ECLIPSE SPYDER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
July 2010				4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☐ Antilock Brakes ☒ Cruise Control	2.4 4cyl	Seat Belt Air Bags	13-SEP-2011 14

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 150000 SEAT BELTS	Failure Mileage	Failure Speed
	73500	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: 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	1	0	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 SPYDER. THE CONTACT STATED THAT HE APPROACHED AN INTERSECTION DRIVING 15 MPH WHEN HE WAS INVOLVED IN A CRASH. THE AIR BAGS DID NOT DEPLOY AND THE SEAT BELT DID NOT RESTRAIN HIM. BOTH VEHICLES WERE INOPERABLE AND WERE TOWED FROM THE SCENE. THE VEHICLE WAS DESTROYED. THE CONTACT SUSTAINED THREE CRACKED RIBS AND WAS TRANSPORTED TO THE HOSPITAL. THE POLICE WERE ALSO CONTACTED AND A REPORT WAS FILED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 73,500.

mitsubishi was called with same INFO.

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

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

Same AS reported under incident info,

ATTACH ADDITIONAL SHEETS IF NECESSARY

PROVO UT 846

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NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

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