

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>          To Report Vehicle Safety Defects          1-888-DASH-2-DOT          (1-888-327-4236)          INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100148	
		Date Received <b>OCT - 3 2012</b> 05-SEP-2012	Repository <input type="checkbox"/>  Reference No. 10473949
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address			
City	State	Zip Code	Evening Telephone Number
CANFIELD	OH		
<p>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).</p>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model
JA4LZ41F84U		MITSUBISHI	OUTLANDER
Model Year		Engine:	Fuel Type:
2004		No: Cylinders	
Date Purchased	Dealer's Name and Telephone Number	State	Zip Code
08-2011	Rainbow Honda	PA	15358
Original Owner	Dealer's City	Incident Date(s)	
<input type="checkbox"/>	Kitcheyville	03-JUL-2012	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
Auto	<input checked="" type="checkbox"/> Cruise Control		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)		Failure Mileage	Failure Speed
		69000	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
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:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (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	
<b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b> 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).			
<p>TL* THE CONTACT OWNS A 2004 MITSUBISHI OUTLANDER. THE CONTACT STATED THAT AFTER REFUELING, FUEL FUMES STARTED TO EMIT INTO THE VEHICLE. THE CONTACT INSPECTED THE VEHICLE AND NOTICED THAT THERE WAS A GAS LEAKAGE. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR INSPECTION. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 69,000. THE VIN WAS NOT AVAILABLE.</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			

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

Car has began to leak gas and emit gas fumes  
from gas tank.

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



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UNITED STATES**

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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**



SAFER CAR GOVERNMENT PROGRAM  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
U.S. DEPARTMENT OF TRANSPORTATION