INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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 DEC - 5 2012

01-OCT-2012

Repository ☐

Reference No. 10478125

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City ORANGEBURG | State SC | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number N/A

E-mail Address [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
6MMAP67P92T[redacted]	MITSUBISHI	DIAMANTE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
9-14-2005	LUND CADILLAC, LLC			6	UNLEADED
Original Owner ☐	Dealer's City PHOENIX	State AZ	Zip Code 85022		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☐ Antilock Brakes ☑ Cruise Control		SEE BELOW	~~26 JUL 2012~~ 25-JULY-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: ENGINE (PWS), BRAKES (PWS)	Failure Mileage	Failure Speed
CRANK ANGLE, SENOR WIRING, ELECTRICAL SYSTEM, FUEL PUMP, MISFIRES, EGR VALVE, FUEL INJECTOR	140000	75

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	0	0	

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). OUT OF CONTROL

TL* THE CONTACT OWNS A 2002 MITSUBISHI DIAMANTE. THE CONTACT STATED THAT WHILE DRIVING AT 75 MPH, THE CONTACT ATTEMPTED TO BRAKE BUT THE BRAKES FAILED TO RESPOND WITHOUT ANY WARNINGS. THE VEHICLE CRASHED INTO A PASSENGER VAN. THE VEHICLE WAS DESTROYED. THE CONTACT MENTIONED THAT ~~TWO~~ 4 MONTHS PRIOR TO THE FAILURE THE CHECK ENGINE LIGHT HAD ILLUMINATED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR DIAGNOSIS AND WAS INFORMED THAT THE VEHICLE MISFIRES, NEEDED SPARK PLUGS, A FUEL PUMP, A FUEL INJECTOR, AN EGR VALVE, AND THE ENGINE SURGED ERRATICALLY. THE FAILURE AND CURRENT MILEAGE WAS 140,000.

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)

SEE ATTACHED SHEETS. INCIDENT REPORT. PICTURE OF CRASH/ACCIDENT: RECALL ID# 1267 ELECTRICAL SYSTEM WIRING; QUESTIONNAIRE NARRATIVE DESCRIPTION OF INCIDENT.

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

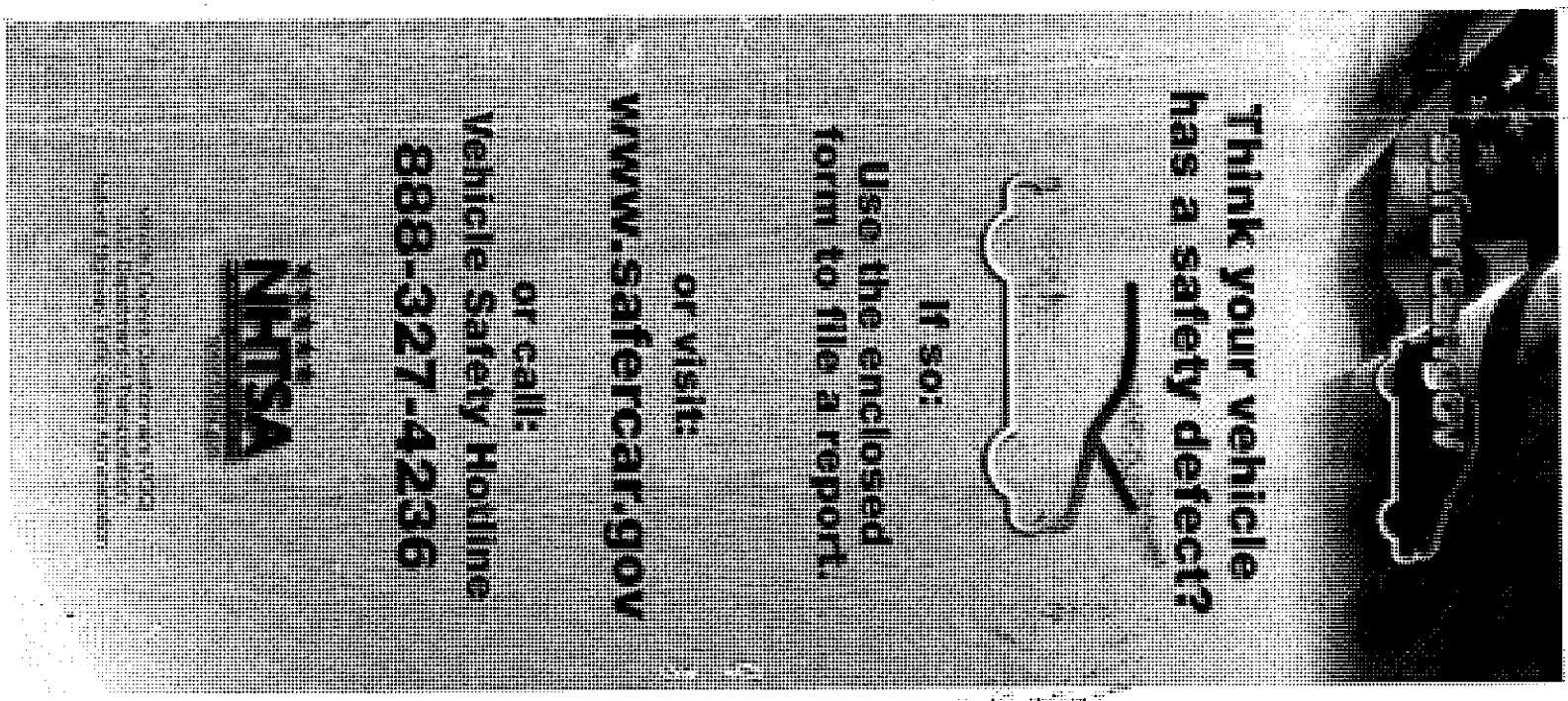
Official Business
Penalty for Private Use $300

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



November 14, 2012
[redacted]
Orangeburg, SC[redacted]
Reference No: 10476125

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

Dear US Dept. of Transportation:

- On September 14, 2005 a 2002, Mitsubishi Diamante, was purchased from Lund Cadillac, LLC in Phoenix, Arizona.
- From 2010-2012 the vehicle had multiple problems and defects.
- Several hundred dollars were paid to independent mechanics to address issues with the fuel pump, Heating Coil, Check Engine Light, Spark Plugs, Misfires, Senor Wiring, EGR Value, Fuel Injector, causing engine surge and running erratically, often times stopping suddenly.
- After vehicle failed inspection, the owner presented receipts to The North Carolina Division of Motor Vehicle reflecting numerous attempts were made by mechanic to address engine surge issues, but the engine light remained illuminated and cited issues remained unresolved.
- Upon presentation of invoice, the owner then obtained special permission from The North Carolina Division of Motor Vehicle to pass inspection and renew license plate registration, as mechanical defects were addressed with no success.
- After the owner's vehicle crashed into a Chevrolet Van on July, 25, 2012, the owner made the following observations.
- While traveling into the downtown area of Orangeburg, SC the engine surged up to 75 MPH.
- The owner depressed the brakes to avoid a crash, but could not stop or control the vehicle as it slammed into a van and overturned it, destroying the vehicle as pictured with enclosed document.
- After trying to understand the course of events, and losing control of the vehicle, through research, the owner found Recall ID # 1267 - ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD, See attached.
- The owner did not receive any notification that the safety issues mentioned were ever addressed or identified when the car was purchased in 2005.
- The owner believes this was one of the 3885 potential units affected by THE CRANK ANGLE SENSOR WIRING, CAUSING THE ENGINE TO RUN ERRATICALLY OR STOP SUDDENLY, INCREASING THE RISK OF A CRASH, as noted in the Recall ID # 1267.

Sincerely,
[redacted]

Enclosures: Incident Report
Picture of crash/accident on July 26, 2012
Recall ID # 1267. ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD, Owner's Questionnaire

Mail FR-10 to: Office of Financial Responsibility
SC Department of Public Safety
PO Box 1993, Columbia, SC 29216

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
FR-10 (REV. 07 2011)
NOTICE OF REQUIREMENT

Date	Time	County	1- Interstate 2- US Primary 3- SC Primary 4- Secondary 5- County 6- PP	Collision Location (Rt. # Name)	1-Main 2-Alternate 3-Business 5-Spur
07-25-2012	0815	38	3	S 178 / BROUGHTON ST	3

Failure to comply could result in appropriate action under 56-10-270 and 56-10-520 of the 1976 code of laws of S.C. as amended, if vehicle subject to registration in S.C., and upon conviction thereof, the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.

Unit 01

E-293196 — Driver/Pedestrian's Full Name: [redacted]

Unit #: 01 | Sex: F | Race: W | Street/R.F.D.: [redacted]
Birth Date: [redacted] | City, State, & Zip: DENMARK SC [redacted]
State: SC | Driver's License #: [redacted] | Class: D | Insurance Company: TRAVELERS INSURANCE
Year: 2005 | Body: VN | Vehicle Make: CHEV | VIN #: 1GNDV23EX5D[redacted]
State: SC | Year: 2012 | License Plate #: [redacted] | Owner's D.L. #:
Home Telephone: [redacted] | Owner's Full Name: [redacted]
Bus. Telephone: [redacted] | Street/R.F.D.: [redacted]
Contributed To Collision: | City, State, & Zip: [redacted]

Unit 02

E-293197 — Driver/Pedestrian's Full Name: [redacted]

Unit #: 02 | Sex: F | Race: B | Street/R.F.D.: [redacted]
Birth Date: [redacted] | City, State, & Zip: RALEIGH NC [redacted]
State: NC | Driver's License #: [redacted] | Class: C | Insurance Company: STATE FARM
Year: 2002 | Body: 4S | Vehicle Make: MITS | VIN #: 6MMAP67P2T[redacted]
State: NC | Year: 2012 | License Plate #: [redacted] | Owner's D.L. #:
Home Telephone: [redacted] | Owner's Full Name: [redacted] [redacted]
Bus. Telephone: ( ) | Street/R.F.D.: [redacted]
Contributed To Collision: | City, State, & Zip:

Unit (blank)

Driver/Pedestrian's Full Name:
Unit # | Sex | Race | Street/R.F.D.:
Birth Date: | City, State, & Zip:
State | Driver's License # | Class | Insurance Company
Year | Body | Vehicle Make | VIN #
State | Year | License Plate # | Owner's D.L. #
Home Telephone ( ) | Owner's Full Name
Bus. Telephone ( ) | Street/R.F.D.
Contributed To Collision Yes No | City, State, & Zip

All Units Insurance Information

(to be completed by Investigating Officer)

Accident Insurance Information for Unit # 01
Company Name: TRAVELERS INSURANCE | Area Code/Phone Number: (800) 2524633
Agency Name: LANCASTER AGENCY | Policy Number: [redacted]

Accident Insurance Information for Unit # 02
Company Name: STATE FARM | Area Code/Phone Number: ( )
Agency Name: | Policy Number:

Accident Insurance Information for Unit #
Company Name: | Area Code/Phone Number: ( )
Agency Name: | Policy Number:

Insurance Information

Notice of Requirement Accepted → Signature
Y N Refused to Affix Signature?
Y N Vehicle Subject to Registration in SC?

To Be Completed By Insurance Agency, Broker, Or Other Company Representative

Reference to Unit # ______ , I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.

The information as contained herein, upon my knowledge, is on behalf as a representative of the above insurance company and/or my authority is imputed into the above mentioned insurance as I have listed herein.

Insurance Company | Policy #: | Signature | Title
Beginning Date: | Ending Date: | Policy Holder: | NAIC# (Assigned by S.C. Dept. of Ins.) | Bus. Telephone ( )

Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges.

If any of the below are applicable, disregard the above portion.

- [ ] Check here if a Form SR-23, Fleet Policy of 25 or more vehicles is on file with the Department covering the vehicle.
- [ ] Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI - ______________
- [ ] Check here if liability insurance was not in effect to comply with South Carolina statutory requirements.

Signature | Date

Form FR-10 Not Issued: Section 56-10-270 56-10-520

No FR-10 Issued to Operator/ Owner of Unit #: ________
Summons Issued to:
For operating or allowing the operation of an uninsured vehicle | Summons Number: | Signature

Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Incident Agency Code
KING - N W	SGT	574	HP07				12BW147749

DIONNE GLEATON/T&D

The driver of a Chevrolet van was taken to the Regional Medical Center with minor injuries Wednesday after a Mitsubishi slammed into it. The van then overturned. The driver of the Mitsubishi has been charged.

Subject: Electrical Control Harness 2002 Mitsubishi Diamante

2002 Mitsubishi Diamante

Average Resale Value: $5,063

MPG Range: 25 mpg

Bodystyle: Sedan

PRICE NEW MODEL

SEARCH CLASSIFIEDS

Safety Features | Crash Test Ratings | Recalls

Recall ID # 1267 - ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD [-] Hide Details

Recall Date:

APR 07, 2002

Model Affected:

2002 Mitsubishi Diamante

Summary:

ON CERTAIN PASSENGER VEHICLES, THE MAIN UNDER HOOD ELECTRICAL WIRING HARNESS MAY HAVE INSUFFICIENT CLEARANCE BETWEEN THE ENGINE CONTROL HARNESS AND THE EXHAUST HEAT SHIELD. AS A RESULT, THE HARNESS COULD COME IN CONTACT WITH THE HEAT SHIELD, WHICH COULD RESULT IN MELTING OF THE HARNESS INSULATION.

Consequences:

THE MELTING OF THE HARNESS INSULATION COULD RESULT IN GROUNDING OF THE CRANK ANGLE SENSOR WIRING, CAUSING THE ENGINE TO RUN ERRATICALLY OR STOP SUDDENLY, INCREASING THE RISK OF A CRASH.

Remedy:

DEALERS WILL INSPECT THE HARNESS FOR DAMAGE AND, IF NONE IS EVIDENT, WILL TIE THE HARNESS BACK TO PREVENT THE HARNESS FROM EVER COMING INTO CONTACT WITH THE HEAT SHIELD. ANY HARNESS THAT SHOWS EVIDENCE OF DAMAGE WILL BE REPAIRED AS NECESSARY AND THEN TIED BACK TO PREVENT FUTURE DAMAGE. OWNER NOTIFICATION BEGAN MAY 13, 2002. OWNERS WHO TAKE THEIR VEHICLES TO AN AUTHORIZED DEALER ON AN AGREED UPON SERVICE DATE AND DO NOT RECEIVE THE FREE REMEDY WITHIN A REASONABLE TIME SHOULD CONTACT MITSUBISHI AT 1-800-222-0037.

Potential Units Affected:

3885

Notes: MITSUBISHI AMERICA **Recall ID # 50010 - EQUIPMENT:OTHER:OWNERS/SERVICE/OTHER MANUAL** [+] Full Details