

 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 13-AUG-2013 SEP 23 2013	Repository <input type="checkbox"/> Reference No. 10535077
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
Name		Address		Evening Telephone Number	
City	State	Zip Code			
GELN BURNIE	MD				
<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>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
4A4MN21S24E			MITSUBISHI	ENDEAVOR	2004
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
2004			No: Cylinders		
Original Owner	Dealer's City	State	Zip Code		
<input type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
	<input type="checkbox"/> Cruise Control			30-JUL-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 140000 AIR BAGS			Failure Mileage	Failure Speed	
			80000		
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	Failure Location:			
	<input type="checkbox"/> Prior Repair				
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					
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	N	
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).					
<p>TL* THE CONTACT OWNS A 2004 MITSUBISHI ENDEAVOR. THE CONTACT STATED WHILE STARTING THE IGNITION THE AIR BAG WARNING INDICATOR REMAINED ILLUMINATED. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER FOR DIAGNOSIS. THE TECHNICIAN STATED THAT THE AIR BAG WOULD NEED TO BE REPLACED. THE VEHICLE HAD NOT BEEN REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE PROBLEM. THE APPROXIMATE FAILURE MILEAGE WAS 80,000. THE VIN WAS UNAVAILABLE.</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>					