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

U.S. Department of Transportation
National Highway Traffic Safety Administration

FOR AGENCY USE ONLY 100148

Date Received: 28-JUL-2015
FEB 23 2016

Repository ☐

Reference No. 10744258

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City HAYWARD | State CA | Zip Code [redacted]
Daytime Telephone Number [redacted]
Evening Telephone Number [redacted]
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
4A4MN21S65E[redacted]	MITSUBISHI	ENDEAVOR	2005

Date Purchased	Dealer's Name and Telephone Number	Engine	Fuel Type
4-8-06	EL CERRITO MITSUBISHI 510-992-2000	3.8 L	UNLEADED REGULAR
Original Owner ☐	Dealer's City: EL CERRITO; State: CA; Zip Code: 94530	No: Cylinders 6	

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	AWD		25-JUL-2015

FAILED COMPONENT(S) / PART(S) INFORMATION

Vehicle Component Codes: BRAKES (PWS), 100000 POWER TRAIN, ENGINE (PWS)

Failure Mileage	Failure Speed
~~15000~~ 151,932	3

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	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).

I WAS PULLING INTO AN APARTMENT PARKING LOT AT 3 MILES PER HOUR OR LESS APPLIED BRAKE AND CAR SURGED FORWARD. I APPLIED MORE PRESSURE TO BRAKE AND THE CAR SURGED AGAIN AND WOULD NOT STOP. THIS CAUSED ME TO CRASH INTO A UNOCCUPIED PARKED CAR WHICH BANGED ANOTHER UNOCCUPIED CAR PARKED NEXT TO IT. ALL 3 CARS WERE DAMAGE. MY CAR AND THE CAR I HIT SUSTAINED FRONT END DAMAGE. THE THIRD CAR WAS SCRAPED ALONG THE DRIVER SIDE DOOR AND REAR PANEL. THERE WAS A WITNESS TO THIS ACCIDENT THAT TOLD THE RESPONDING CALIFORNIA CHP OFFICER THAT HE SAW MY CAR EXPERIENCE TWO SURGES AS I SLOWLY ENTERED THE PARKING. HE ALSO INFORMED THE OFFICE THAT HE SAW MY BREAK LIGHTS ON BEFORE THE FIRST SURGE HAPPENED.

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

NHTSA Ref# 10744258

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COLLISION REPORT INFORMATION

CHP 418 (Rev. 9-05) OPI 065 UNION LABEL

DATE	TIME
7/25/15	1902
NCIC NUMBER	**OFFICER'S I.D. NUMBER**
9320	19605

YOUR VEHICLE WAS REMOVED TO:

A copy of the collision report can be obtained from the address above and will normally be available within eight working days from the date of the collision. A request by mail is preferred and must include: date, time, NCIC number, and Officer's I.D. number printed above. The certification for purchase information *(see reverse)* must also be completed, signed and attached to your written request with your check for payment. Make your personal check or money order payable to the California Highway Patrol (CHP) for $10.00.

Reports may also be obtained in person during the office hours stamped above. Please call to determine if the report is ready. In the event the cost exceeds $10.00, you will be notified. Reports are retained 4 years.

[redacted]

+J COPY NHTSA REF. # 10744258

CUSTOMER #: [redacted]

[redacted]

HAYWARD, CA [redacted]
HOME: [redacted] CONT: [redacted]
BUS: CELL:

[redacted] KIA MOTORS

INVOICE

PAGE 1

CONCORD KIA
CONCORD MITSUBISHI
2199 MERIDIAN PARK BLVD.
CONCORD, CA 94520
(925) 682-7100
concordkia.com
concordmitsubishi.com
BAR # ARD158006 EPA # CAL000159164
SMOG CK LIC# RC158006

MITSUBISHI MOTORS

SERVICE ADVISOR: 3003 BRIAN GILLEN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLUE	05	MITSUBISHI ENDEAVOR	4A4MN21S65E[redacted]	[redacted]	151932/151934	T674

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
23FEB05 DD	21FEB05		17:00 24AUG15			CASH	01SEP15

R.O. OPENED	READY	OPTIONS:
13:24 24AUG15	13:42 01SEP15	DLR: [redacted] ENG:3.8_Liter_SOHC TRN:AUTOMATIC

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A FUEL RECALLL -REPLACED FUEL HOSES C1102M02			
CAUSE: SR-11-001			
C1102M01 INSPECT -NO RUST-COAT PIPE & INSTALL SHIELD			
3040 W4 0.90			(N/C)
FC: 99D,990 PART#: COUNT:			
CLAIM TYPE: C			
AUTH CODE:			
PERFORMED INSPECTION - NO RUST FOUND			
**********			
B** CUSTOMER STATES THAT THE VEHICLE SURGES FORWARD WHILE FOOT ON BRAKE PEDAL			
1 INSPECTED & FOUND CODE P0506-VEHICLE IDLING ERRACTIC - FOUND THROTTLE BODY/IAC VALVE FAILING - REPLACED AND RECHECKED OKAY			
3040 CP 2.00		300.00	300.00
1 MN137955 THROTTLE BODY ASSY	279.11	279.11	279.11
1 MN153277 GASKET,ENG AIR INTAKE S	16.46	16.46	16.46
REPLACED FAILING THROTTLE BODY ASSEMBLY WITH IAC VALVE AND RECHECKED OKAY			
**********			
C** CHECKED TIRE PRESSURE IN ALL FOUR TIRES-L/F____ R/F____ L/R____ R/R____			
PSI SET AIR PRESSURE TO DOOR SPEC			
3040 CP 0.00		0.00	0.00
CUSTOMER AUTHORIZED $150.00 +TAX OVER PHONE BY [redacted] ON 8/24/15 @ 13:30 *** ADDITIONAL AUTHORIZATION OF $595.00 +TAX OVER PHONE BY [redacted] ON 8/26/15 @ 17:20			
**********			

ORIGINAL ESTIMATE: $ _____

FINAL REVISED ESTIMATE: $ _____

DATE	TIME	PHONE #	AUTHORIZED	ADDITIONAL AMOUNT	REVISED TOTAL

ACKNOWLEDGED RECEIPT OF VEHICLE AND I HAVE RECEIVED A COPY OF THIS INVOICE.
X

I ACKNOWLEDGED NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATE PRICE.
X

DISCLAIMER OF WARRANTIES
The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHRERWISE AS BEING USED OR REMANUFACTURERED

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
HAZ. WASTE	
TOTAL CHARGES	
LESS INSURANCE/DISC.	
SALES TAX	
PLEASE PAY THIS AMOUNT	

NOTICE TO CONSUMER
PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER COPY

[redacted]

HAYWARD, CA [redacted]

CERTIFIED MAIL®

7014 1820 0001 0300 8151

U.S. POSTAGE
PAID
HAYWARD, CA
94541
FEB 10 16
AMOUNT
$7.45
R2304H108799-09

RETURN RECEIPT
REQUESTED

RANDY REID
NHTSA
W48-226 OFFICE of DEFECTS INVESTIGATION ENFORCEMENT
1200 NEW JERSEY AVE. S.E.
WASHINGTON D.C., 20590

APPROVED FEB 17 2016