

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



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

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.C. 552(B)(6) 100148

Date Received 03-FEB-2016	Repository <input type="checkbox"/>
	Reference No. 10823971

OWNER INFORMATION (Type or Print)			
Name	[Redacted]		Daytime Telephone Number
Address	[Redacted]		E-mail Address
City	State	Zip Code	Evening Telephone Number
RIVERHEAD	NY	[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 JA4AR4AU1BZ [Redacted]	Make MITSUBISHI	Model OUTLANDER SPORT	Model Year 2011
Date Purchased	Dealer's Name and Telephone Number Medford M. TSUBOYAMA 888-864-8228	Engine: No. Cylinders 5	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City Medford NY	State NY	Zip Code
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:
			Incident Date(s) 07-DEC-2015 12/17/15

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 100000	Failure Speed 35
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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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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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 OWNED A 2011 MITSUBISHI OUTLANDER SPORT. WHILE DRIVING APPROXIMATELY 35 MPH, THE CONTACT CRASHED INTO THE PRECEDING VEHICLE. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE DRIVER'S HEAD STRUCK THE STEERING WHEEL, WHICH REQUIRED MEDICAL ATTENTION. THE MEDICAL DIAGNOSIS WAS A CONTUSION INVOLVING THE RIGHT JYRUS RECTUS WITH TISSUE LOSS ANGLIOSIS. THE MANUFACTURER WAS NOTIFIED. THE VEHICLE WAS DESTROYED. THE APPROXIMATE FAILURE MILEAGE WAS 100,000.

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

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.