



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

Date Received

RECEIVED

00 OCT 27 AM 11:03

OFFICE
DEFECTS INVESTIGATION

od or
ed
od
up_ltr

Reference No.

556443

OWNER INFORMATION (Type or Print)

Name

Street

City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 10/22/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN): (Located at bottom of windshield on driver's side)

Make

Model

Year

J A 3 A Y 2 6 0 9 Y U D 2 0 4 7 1 Mitsubishi Alliage 2000

Purchased Date

Dealer's Name

Engine Size
(CID/CC/L)
☐ Turbo
☐ Diesel

☐ New ☐ Used

Dealer's City

State S.C.

Zip Code 2915

No. Cylinders

☐ Gas
☐ Fuel Injection
Manufacture Date
(on driver's door or pillar)

Transmission Type

Restraint System

Cruise Control

Drivetrain

Vehicle Type

Body Style

☐ Manual
☒ Automatic

☐ Driver's Air Bag ☐ Motorbel
☐ Passenger's Air Bag ☐ 2-Point Belt
☐ 3-Point Belt

☐ Yes
☐ No

☐ Front
☐ Rear
☐ 4-Wheel

☐ Car ☐ Sport Utility
☐ Van ☐ Truck
☐ Minivan ☐ Motorcycle
☐ Other

☐ 2-Door ☒ 4-Door
☐ Stationwagon
☐ Pick Up Truck
☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)

fume - smell

Location

☐ Left ☐ Right
☐ Front ☐ Rear

Failed Part(s)

☐ Original
☐ Replacement

Handicap Adaptive Equip

☐ Yes
☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand

Tire Name

Complete Tire Size

No. of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)
Available?
☐ Yes ☐ No
NHTSA Previously
Contacted?
☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash

☐ Yes ☐ No

Fire

☐ Yes ☐ No

Number of Persons Injured

Number of Fatalities

Reported to Manufacturer

☐ Yes ☐ No

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

My car has a fume that can't be recognized by anyone they said its a new car smell. But when in car for a day or so it affect my breathing and it was in my clothes. I wash them five times and the smell came out. They ~~checked~~ my radiator and said the antifreeze was blowing on exhaust and was blowing in my face. they fix that but I don't know what affecting my breathing. I need this car check. I went to hospital bec they don't know how to treat.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

I would want a title history on this car as well

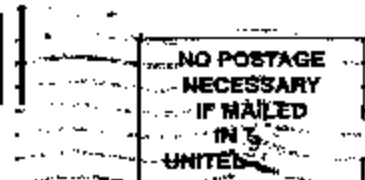
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

DASH 2 DOT

and dial toll free at

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