



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

20-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

750782

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JA3CX56U8NZ010471	MITSUBISHI	GALANT	1992	

Purchase Date 01-NOV-2000	Dealer's Name _____	Engine Size (CID/CC/L) <u>2.0 L</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☒ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07360000	Part Name(s) POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure 3	Date(s) of Failure(s) 29-MAR-2001 98500 Mileage at Failure(s) 30	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE DEALERS ARE NOT FIXING THE RECALL PROPERLY AND REFUSING YOU WHEN YOU GO BACK. THIS AFFECTS ALL AWD MITSUBISHI 1990'-1999. I AM IN NEED OF A NEW TRANSFER CASE (MITSU\$1800) AND SUPPORTING YOKES AND SEALS AS DAMAGE RESULTS FROM LEAKING WHEN NOT PROPERLY FIXED AND CAN POTENTIALLY CAUSE REAR WHEEL LOCKUP.*AK

COPIES OF THIS FORM ARE:

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.



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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JA3CX56U8NZ010471	MICHELIN	MICHELIN	1900	

Purchase Date 01-NOV-2000	Dealer's Name _____	Engine Size (CID/CC/L) <u>2.0 L</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☒ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No
		Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
			Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07360000	Part Name(s) POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 3	Date(s) of Failure(s) <u>29-MAR-2001</u> Failure(s) <u>98500</u> Mileage at Failure(s) <u>30</u>	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damag <u>0</u>	Reported to Police ☐ Yes ☒ No
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