



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

13-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
up_lr _____

Reference No.

763019

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) (Location at bottom of windshield and driver's side door)	Vehicle Make MITSUBISHI	Vehicle Model SPYDER	Vehicle Year 2002	Current Odometer Reading
Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112200	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR: C	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failure	Date(s) of Failure(s) 04-OCT-2001 Mileage at Failure(s) Vehicle Speed at Failure(s)	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 1	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I AM AN EMPLOYEE OF MITSUBISHI MOTORS MANUFACTURING OF AMERICA (MMA). ON OCTOBER 4, 2001 I WAS INJURED AT WORK. I WAS HIT IN THE HEAD BY THE SEAT BELT GUIDE ON THE FRONT PASSENGER (RIGHT) SEAT OF A 2002 MITSUBISHI SPYDER CONVERTIBLE. THE SEAT HIT ME WITH CONSIDERABLE FORCE CAUSING A MILD CONCUSSION. I DID NOT BLACK OUT AT THE TIME OF THE INJURY. HOWEVER, I EXPERIENCED BLURRED VISION (WHICH CONTINUED FOR A FEW DAYS), NECK PAIN, BACK PAIN AND SEVERE HEAD PAIN. A FEW WEEKS AFTER THE ACCIDENT I STARTED HAVING "SPELLS" AS MY NEUROLOGIST CALLS THEM. I WAS GIVEN A PRESCRIPTION FOR ANTI-SEIZURE MEDICATIONS. MY NEUROLOGIST RESTRICTED ME FROM DRIVING FOR 5 MONTHS. ANYWAY, MY CONCERN IS IF THIS CAN HAPPEN AGAIN.

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.