



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 798

Date Received

13-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009700

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) <small>(Location at bottom of and/or above dashboard)</small> | Vehicle Make MITSUBISHI | Vehicle Model GALANT | Vehicle Year 1991 | Current Odometer Reading | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) _____ No Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | | |
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|--|
| Component 07381000 | Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:OVERDRIVE | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failure | Dates of Failure(s) 01-JAN-2002 Mileage at Failure(s) 93000 Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|--|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

OVERDRIVE IS LEAKING. ABOUT A YEAR AGO THE CONSUMER TOOK VEHICLE INTO THE DEALER TO GET RECALL REPAIRS DONE, BUT ALL DEALER DID WAS TAKE A LOOK AT VEHICLE. THEN, DETERMINED THAT TVEHICLE WAS NOT LEAKING. THEY DID NOT REPLACE ANYTHING. CURRENTLY, THEY DO NOT WANT TO DO ANYTHING ABOUT IT.*AK

CONFIDENTIAL - NHTSA

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.

| | |
|--|--|
| DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | FOR AGENCY USE ONLY 796 |
| U.S. Department of Transportation National Highway Traffic Safety Administration | Date Received: <u>NO INITIAL PR</u> 13-MAY-2002 OFFICE OF DEFECTS INVESTIGATION Reference No. <u>8009700</u> |

| | |
|--|--------|
| OWNER INFORMATION (Type or Print) | |
| [Redacted] | 753570 |
| YORK | PA |
| Work Number: [Redacted] Home Number: [Redacted] | |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, please print name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 5/20/02

| VEHICLE INFORMATION | | | | |
|---|--|---|---|---|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>JAZK156K8M2041536</u> | Vehicle Make <u>MITSUBISHI</u> | Vehicle Model <u>GALANT GSX</u> | Vehicle Year <u>1991</u> | Current Odometer Reading <u>94,431</u> |
| Purchase Date <u>MAY 3, 1996</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name <u>YORK MITSUBISHI</u> City <u>YORK</u> State <u>PA</u> Zip Code <u>17404</u> | | Engine Size (CID/CC) <u>2.0</u> No. Cylinders <u>4</u> | <input type="checkbox"/> Turbo Diesel Gas Fuel Injectio <input checked="" type="checkbox"/> |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel |
| Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | | Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck | | |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|---|---|--|--|
| Component <u>07381000</u> | Part Name(s) <u>POWER TRAIN:TRANSMISSION:AUTOMATIC:OVERDRIVE</u> | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | Date(s) of Failure(s) <u>01-JAN-2002</u> Mileage at Failure(s) <u>93000</u> Vehicle Speed at Failure(s) | Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured <u>0</u> | Number of Fatalities <u>0</u> | Estimated Property Damage <u>0</u> | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

OVERDRIVE IS LEAKING. ABOUT A YEAR AGO THE CONSUMER TOOK VEHICLE INTO THE DEALER TO GET RECALL REPAIRS DONE, BUT ALL DEALER DID WAS TAKE A LOOK AT VEHICLE. THEN, DETERMINED THAT TVEHICLE WAS NOT LEAKING. THEY DID NOT REPLACE ANYTHING. CURRENTLY, THEY DO NOT WANT TO DO ANYTHING ABOUT IT.*AK

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

NHTSA CAMPAIGN ID # 98V16800

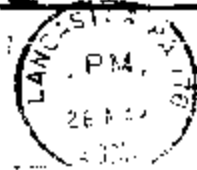
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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 DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

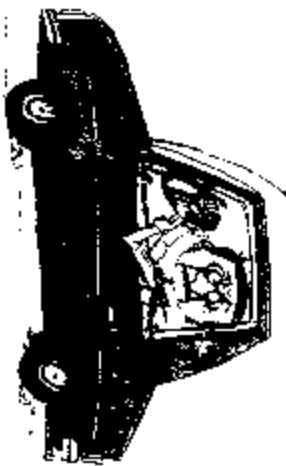
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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