

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 231 Date Received _____ 28-NOV-2002 OFFICE DEFECTS INVESTIGATION CId_or _____ rt_dlt _____ od_rt _____ up_ltr _____ Reference No. 8023363 Work Number _____ Home Number _____																										
OWNER INFORMATION (Type or Print) GLEANDALE CA Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of _____ provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date 12/19/02																												
VEHICLE INFORMATION <table border="1"> <tr> <td>Vehicle Ident. No. (VIN) (located at bottom of windshield)</td> <td>Vehicle Mkt</td> <td>Vehicle Model</td> <td>Vehicle Year</td> <td>Current Odometer Reading</td> </tr> <tr> <td>4A3AL5FF8WE023722</td> <td>MITSUBISHI</td> <td>ECLIPSE</td> <td>1998</td> <td>119,000</td> </tr> </table> <table border="1"> <tr> <td>Purchase Date June 12, 1998</td> <td>Dealer's Name _____</td> <td>Engine Siz (CID/CC/L)</td> <td>☒ Turbo Diesel Gas Fuel Injection</td> </tr> <tr> <td>☐ New ☒ Used</td> <td>City _____ State _____ Zip Code _____</td> <td>No Cylinders 4</td> <td></td> </tr> </table> <table border="1"> <tr> <td>Transmission Type ☒ Manual ☐ Automatic</td> <td>Antilock Brakes ☒ Yes ☐ No</td> <td>Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☒ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt</td> <td>Cruise Control ☒ Yes ☐ No</td> <td>Drive Train ☐ Front ☐ Rear ☒ 4-Wheel</td> <td>Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other</td> <td>Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other</td> </tr> </table>				Vehicle Ident. No. (VIN) (located at bottom of windshield)	Vehicle Mkt	Vehicle Model	Vehicle Year	Current Odometer Reading	4A3AL5FF8WE023722	MITSUBISHI	ECLIPSE	1998	119,000	Purchase Date June 12, 1998	Dealer's Name _____	Engine Siz (CID/CC/L)	☒ Turbo Diesel Gas Fuel Injection	☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders 4		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	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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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 Damage 2,000		Reported to Police ☐ Yes ☒ No																										
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) CONSUMER STATE WHILE TRAVELING ALL WHEELS WOULD LOCK AND OIL LEAKING FROM TRANSFER CASE. VEHICLE WAS SERVICE BY DEALER TECHNICIAN NOTICE TRANSFER CASE NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER INFORMATION. TS																												

CONTINUE ON BACK IF NEEDED

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.

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

CA WAS, purchased in 1997 Brand New. CAR Locks up on Freeway while Driving creating a very Dangerous Situation for my family and myself. Manufacturer refuses to correct the recalled part for my vehicle.

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

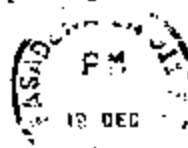
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**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



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/hotline>