



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 255

Data Received

20-DEC-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854142

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make MITSUBISHI	Vehicle Model ECLIPSE	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 Injection		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 02440000	Part Name(s) SUSPENSION:SINGLE AXLE:REAR:SWAY BAR	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 Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE REAR SWAY BAR MOUNT BROKE, CAUSING THE SWAY BAR TO SEPARATE FROM THE CHASSIS. THIS CAUSED THE VEHICLE TO FISHTAIL. DEALER HAS BEEN CONTACTED. *AK

CONTINUED ON BACK (REVERSE)

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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Date Received
JAN 22 AM 12:55
20-DEC-1999
OFFICE OF DEFECTS INVESTIGATION

Ord or rt_dt _____
od_rt _____
up_ltr _____

Reference No.
854142

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number _____
Home Number _____

Do you authorize NHTSA to provide your name to the manufacturer of your vehicle? YES NO
In the absence of a signature, please print your name and address to the vehicle manufacturer.
Signature of Owner _____ Date 1/10/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 4A3CS34T8ME121846
Vehicle Make MITSUBISHI
Vehicle Model ECLIPSE
Vehicle Year 1991
Current Odometer Reading 77200

Purchase Date 7/23/1999
Dealer's Name BOB KING
City WASHINGTON/SPRING State N.C. Zip Code _____
Engine Size (CID/CC/L) 180/FER
No Cylinders 4
 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 HATCHBACK
 4-Door
 Stationwagon
 Pick Up Truck
 Other 3 DOOR HATCHBACK

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02440000
Part Name(s) SUSPENSION: SINGLE AXLE: REAR: SWAY BAR
REAR SWAY BAR ATTACH BRACKET
Location Left Right
 Front Rear
Failed Part(s) Original
 Replacement

No of Failures 1
Date(s) of Failure(s) 12/10/99
Mileage at Failure(s) 76000 APPROX
Vehicle Speed at Failure(s) 30 MPH
Failed Part(s) Available? Yes? No
NHTSA Previously Contacted? 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 NONE
Number of Fatalities NONE
Estimated Property Damage NONE
Reported to Police Yes No

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

THE REAR SWAY BAR MOUNT BROKE, CAUSING THE SWAY BAR TO SEPARATE FROM THE CHASSIS. THIS CAUSED THE VEHICLE TO FISHTAIL. DEALER HAS BEEN CONTACTED. *AK
MANUFACTURER WAS NOTIFIED, SAID AUTO WAS OUT OF WARRANTY
DEALER WAS NOTIFIED, SAID AUTO WAS OUT OF WARRANTY AND THERE WOULD BE A CHARGE FOR A ESTIMATED REPAIR.

CONTINUE ON BACK IF NEEDED

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