

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

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 156

Date Received

24-JAN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855451

 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	Vehicle Model	Vehicle Year	Current Odometer Reading
JW6AAE1H0WL000090	MITSUBISHI TRUC	FE	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 17-DEC-1999 Mileage at Failure(s) 31 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
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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 <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)

DEFECTIVE BRAKING SYSTEM CORRODED CAUSING EXTENDED STOPPING DISTANCE WHICH MAY RESULT IN A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUED ON BACK PLEASE

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		FOR AGENCY USE ONLY 156	
 U.S. Department of Transportation Vehicle Owner's Questionnaire (VOQ) NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION www.nhtsa.dot.gov/hotline		Date Received FEB 24 AM 10:19 24 JAN 2000 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)		Reference No.	
[Redacted] 586321		855451	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]		Date <u>2/14/00</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
JW6AAE1H0WL000090	MITSUBISHI TRU	FE	1998
Current Odometer Reading	34384		
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
9-9-97	TRI STATE DIESEL	No Cylinders	4
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	State	Zip Code
Sparrowbush	NY	12780	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ult <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	
		<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
93209000	BRAKES:HYDRAULIC SYSTEM	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
1	17-DEC-1999	31000	40 MPH
Failed Part(s) Available?	NHTSA Previously Contacted?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DEFECTIVE BRAKING SYSTEM CORRODED CAUSING EXTENDED STOPPING DISTANCE WHICH MAY RESULT IN A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK			
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.			

6857063

5355

WHM DIESEL PARTS, INC.
D/B/A TRI-STATE DIESEL PARTS



503 Route 42
Sparrowbush, NY 12780
Tel. (914) 856-6646
FAX (914) 858-8666
REPAIR SHOP NO. R253-0106

INVOICE

PAGE 1

SERVICE ADVISOR: 1 WILLIAM J. MCKERRELL

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
WHITE	1998	MITSUBISHI FE639	JW6AAE1HOWL000090		31050/31058		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
09SEP1997	01APR97	09SEP1999			49.00	CHG	17DEC1999
R.O. OPENED		READY	OPTIONS: STK:349 ENG:4D34-F47016 AXL:2				
13:31	09NOV99	08:40	17DEC99				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A REPLACE & REPAIR FRONT BRAKES							
CAUSE: DEFECTIVE							
35 REPLACE ROTORS AND BRAKE PADS AND REPACK WHEEL BRGS.							
				17 CP	7.00	385.00	385.00
2	MC112144	**ROTOR			119.75	101.19	202.38
1	KT235010	FRT PAD&SEAL KIT			145.95	123.33	123.33
10	MF450407	**WASHER, SPRG 12			0.28	0.22	2.20
2	BLUE*GREASE*	PER LB.			1.90	1.90	3.80
PARTS:	331.71	LABOR:	385.00	OTHER:	0.00	TOTAL LINE A:	716.71

CUSTOMER PAY WASTE DISPOSAL FOR REPAIR ORDER



Detroit Diesel-Allison, Inc.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item.

Not Responsible For Loss or Damage to Vehicle or Articles Left in Vehicle in Case of Fire, Theft or Any Other Cause Beyond Our Control.

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs thereto. I understand estimates are for labor only, material is extra.

TERMS: NET 30 DAYS FROM DATE OF INVOICE.

A FINANCE CHARGE computed by a PERIODIC RATE OF 2% per month (ANNUAL RATE OF 24%) on the unpaid balance will be applied to past due accounts. Minimum charge \$1.00.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	385.00
PARTS AMOUNT	331.71
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	6.91
TOTAL CHARGES	723.62
LESS INSURANCE	0.00
SALES TAX	52.46
PLEASE PAY THIS AMOUNT	776.08

CUSTOMER COPY



JANUARY 24 2000

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
U S DEPARTMENT OF TRANSPORTATION
WASHINGTON D C 20590

DEAR SIRS

I AM WRITING THIS LETTER TO INFORM THIS DEPARTMENT OF WHAT I CONSIDER MAJOR MECHANICAL DEFECT THAT WILL CAUSE INJURY OR DEATH. AS THE OWNER AND PRIMARY OPERATOR OF A 1998 MITSUBISHI FE639 COMMERCIAL TRUCK , I EXPERIENCED A 90 % LOSS OF BRAKING ABILITY. AT NO TIME DID THE BRAKE SYSTEM WARNING LIGHT ILLUMINATE. THE TRUCK WAS IMMEDIATELY REMOVED FROM SERVICE AND RETURNED TO THE DEALER.

AS THE OWNER AND OPERATOR I TRY TO GET INVOLVED WITH ALL MECHANICAL PROBLEMS, TRYING TO ELIMINATE POTENTIAL PROBLEMS IN THE FUTURE. AT THE DEALERSHIP I PERSONALLY OBSERVED SOME OF THE REPAIRS. THE BRAKE CALIPERS WERE SEVERELY CORRODED. THE CORROSION PREVENTED THE BRAKE CALIPER FROM SLIDING . THIS CAUSED THE RAPID WEAR ON THE INSIDE BRAKE PAD AND ROTOR.

REPAIRS INVOLVED SAND BLASTING AND REPAINTING BRAKE CALIPERS, REPLACING ROTORS, AND BRAKE PADS. SEE ENCLOSED INVOICE FROM TRI-STATE DIESEL.

OWNING MANY VARIOUS TRUCKS I HAVE NEVER EXPERIENCED A MAJOR BRAKE FAILURE ON A VEHICLE WITH ONLY 31050 MILES. I ALSO BELIEVE THAT THIS IS ONLY A BAND AID FIX TO THE PROBLEM. I AM ALSO AWARE OF ONE OTHER MITSUBISHI TRUCK WITH ALMOST THE EXACT SAME MILEAGE AND SIMILAR AGE WITH THE SAME PROBLEMS. PLEASE CALL OR WRITE IF I CAN BE OF ANY ASSISTANCE.

