Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National 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 118	
Date Received: 17-MAY-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 862054

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4A3AA46LEXE079595	MITSUBISHI	GALANT	1999	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
03250000 03230000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:MASTER CYLINDER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) 26-APR-2000 Mileage at Failure(s) 10024 Vehicle Speed at Failure(s) _____	| |Yes | |No	| | 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHEN MAKING A NORMAL STOP PEDAL WENT TO THE FLOOR AND THERE WAS NO BRAKING ABILITY, CAUSING VEHICLE TO PROCEED THROUGH AN INTERSECTION. THIS HAPPENED WITHOUT ANY TYPE OF WARNING. VEHICLE WAS TOWED TO THE DEALERSHIP, WHERE THE MASTER BRAKE CYLINDER WAS REPLACED. OWNER WAS STILL EXPERIENCING PROBLEMS WITH THE ABS. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0003

U.S. Department of Transportation
National 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 118

Date Received: 17-MAY-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 862054

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4A3AA46LEXE079595	MITSUBISHI	GALANT	1999	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
03250000 03230000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:MASTER CYLINDER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 26-APR-2000
Mileage at Failure(s) 13024
Vehicle Speed at Failure(s) _____

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHEN MAKING A NORMAL STOP PEDAL WENT TO THE FLOOR AND THERE WAS NO BRAKING ABILITY, CAUSING VEHICLE TO PROCEED THROUGH AN INTERSECTION. THIS HAPPENED WITHOUT ANY TYPE OF WARNING. VEHICLE WAS TOWED TO THE DEALERSHIP, WHERE THE MASTER BRAKE CYLINDER WAS REPLACED. OWNER WAS STILL EXPERIENCING PROBLEMS WITH THE ABS. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

CONTINUED ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0006

U.S. Department of Transportation
National 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

RECEIVED
00 JUN 20 PM 12:18
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 118

17-MAY-2000

Od_or
rt_dt
od_rt
up_ltr

Reference No. 862054

OWNER INFORMATION (Type or Print)

[redacted]

Work Number
Home Numb[redacted]

Do you authorize NHT[redacted]e manufacturer of your vehicle? ☒ YES ☐ NO
in the absence of an a[redacted]vide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 6/16/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4A3AA46LEXE079595	MITSUBISHI	GALANT	1999	15,027

Purchase Date 6-28-00 ☒ New ☐ Used

Dealer's Name San Bernardino Mitsubishi
City San Bernardino State CA Zip Code 92408

Engine Size (CID/CC/L) 3.0
No Cylinders 6
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☑ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
0326000 0323000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:MASTER CYLINDER	☐ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures: 1

Date(s) of Failure(s) 28-APR-2000
Mileage at Failure(s) 13024
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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	NONE	NONE	NONE	☐ Yes ☒ No

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

WHEN MAKING A NORMAL STOP PEDAL WENT TO THE FLOOR AND THERE WAS NO BRAKING ABILITY, CAUSING VEHICLE TO PROCEED THROUGH AN INTERSECTION. THIS HAPPENED WITHOUT ANY TYPE OF WARNING. VEHICLE WAS TOWED TO THE DEALERSHIP, WHERE THE MASTER BRAKE CYLINDER WAS REPLACED. OWNER WAS STILL EXPERIENCING PROBLEMS WITH THE ABS. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK The dealership will not provide me with a vehicle to get the car repaired the right way.

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D	O	T	M	6	T	2	B	M	E	R				MANUFACTURER/TIRE NAME	SIZE
														Goodyear Eagle LS	P205 55R16

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Please don't let this happen to anyone else it was a horrible experience. By the grace of God it's the only reason I am still alive!!!

Thank You!

[redacted]

☆ U.S. G.P.O.: 1992 – 623-867 / 60396

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
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

[redacted]

San Bernardino
MITSUBISHI
645 AUTO CENTER DRIVE
SAN BERNARDINO, CA 92408
PHONE: (909) 884-7700

B.A.R. LIC.
#AM 129247
EPA #
CAD 982318677

SERVICE ADVISOR: LINDA SCHMIDT

REPAIR ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
22APR00	26APR00	99403	4A3AA46LEXE079595	24508	T640		26APR00	93184

TIME IN	TIME READY	MAKE & MODEL	TELEPHONE NO.	DELIVERY DATE	PREPARED BY	S/A
11:26	14:03	99 MITSUBISHI GALANT	[redacted]	26JUN99	248	324

MILEAGE IN	MILEAGE OUT	LICENSE NO.	MISCELLANEOUS COMMENT / LOCATION
13024	13027		

TYPE	HOURS	DISCOUNT	RETAIL	TOTAL
A TOW IN CUSTOMER STATES CHECK PEDAL GOES TO FLOOR - VEH HAS NO BRAKES				
CAUSE: MASTER CYL VAILURE INSIDE				
35111010 REPLACE MASTER CYL AND BLEED SYSTEM				
499 W4				(N/C)
1 MR407051 CYLINDER A				(N/C)
2 BRAKE BRAKE FLUID				(N/C)
FCT 910340 PART# COUNT				
CLAIM TYPE:				
AUTH CODE:				
LUBE ENTERPRISE RENTALL				
W4				(N/C)