Form Approved O.M.B. No. 2127-0039

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 231

Date Received: 05-JUN-2000

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

Reference No.: 863005

[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
	MITSUBISHI TRUC	PICKUP	1989	

Purchase Date	Dealer's Name	Engine Size	
☐ New ☒ Used	City_____ State_____ Zip Code_____	(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)
06410000 06200000	**FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL** **FUEL:FUEL CARBURETION**	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ 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 DEPRESSING GAS PEDAL VEHICLE DECELERATED. ALSO, DEALER STATED THAT CARBURETOR FAILED. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUED ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
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Vehicle Owner's Questionnaire (VOQ)

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00 AUG -9 AM 10:21
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 231

Date Received: 05-JUN-2000
Od_or
rt_dt
od_rt
up_ltr
Reference No.: 863005

OWNER INFORMATION (Type or Print)

[redacted] 612576

Work Number
Home Numb[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an[redacted]d address to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/3/00

VEHICLE INFORMATION

Vehicle Identif. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JA7SM54E2KP01	0859 MITSUBISHI TRU	PICKUP	1989	126596

Purchase Date: 8/26/96 ☐ New ☒ Used
Dealer's Name: Spring Creek Auto
City: Springvill State: Ut Zip Code: 84663
Engine Size (CID/CC/L): 2.6 No Cylinders: 4
☐ 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)
06410000 06200000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL FUEL:FUEL CARBURETION	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s): CONTINUOUS Mileage at Failure(s): Vehicle Speed at Failure(s):	☒ Yes ☐ No	☐ Yes ☒ No

NOT GUARANTEEABLE

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 DEPRESSING GAS PEDAL VEHICLE DECELERATED. ALSO, DEALER STATED THAT CARBURETOR FAILED. PLEASE PROVIDE FURTHER INFORMATION.*AK

Vehicle Fails when Accelerator pedal is pressed — Also Fails when going up hill with Cruise control — Very dangerous to pass other cars or merging into Traffic — Dealer states it is a Faulty Carburator Manufacture.

CONTINUE ON BACK IF NEEDED