

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

125

Date Received

29-JUN-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

864498

 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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JA3AY11A4XU034986	MITSUBISHI	MIRAGE	1999	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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 Util Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 2-Point Belt			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____	

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC/ANTI-LOCK SYSTEM	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<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?   Yes   No	NHTSA Previously Contacted?   Yes   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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHEN APPLYING BRAKES THE PEDAL GOES TO THE FLOOR, CAUSING EXTENDED STOPPING DISTANCE. CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.\*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.

 <p><b>U.S. Department of Transportation</b> National Highway Traffic Safety Administration</p>	<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236</p> <p>www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 125</p> <p>00 JUL 28 AM 10:17 19 JUN 2000</p> <p>OFFICE DEFECTS INVESTIGATION</p> <p>Reference No. <b>864498</b></p> <p>Work Number _____ Home Number _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>Signature of Owner _____ Date <b>7/17/00</b></p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p>

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.

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <b>JA3AY11A4XU034986</b>	Vehicle Make <b>MITSUBISHI</b>	Vehicle Model <b>MIRAGE</b>	Vehicle Year <b>1999</b>	Current Odometer Reading <b>21,317</b>	
Purchase Date <b>5/14/99</b>	Dealer's Name <b>Fox Mitsubishi</b>		Engine Size (CID/CC/L) <b>1.5</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21202</b>	No Cylinders <b>4</b>	
Transmission Type <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
				Body Style <input checked="" 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 <b>63250000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures <b>4</b>	Date(s) of Failure(s) <b>2/30/2000, 4/18/2000, 5/10/2000, 6/29/2000</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) <b>10,237 ; 12,437 ; 18,989 ; 21,184</b>		Vehicle Speed at Failure(s) <b>40-60</b>	

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 <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>0</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

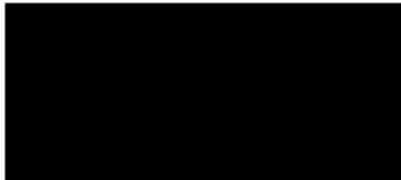
**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**WHEN APPLYING BRAKES THE PEDAL GOES TO THE FLOOR, CAUSING EXTENDED STOPPING DISTANCE. CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.\*AK**

*Enclosed: Copy of Lemon Law letter sent to Manufacturer*

CONTINUE ON BACK IF NEEDED

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July 17, 2000

Mitsubishi Motor Sales of America, inc.  
Customer Service Department  
P.O. Box 8400  
Cypress, Ca., 90630-0084

Dear Sir or Madam,

I am writing to notify you of the problems I have been having with my 1999 Mitsubishi Mirage, with vin # JA3AY11A4XU034988, and to request that you correct this problem within 30 days of your receipt of this letter.

I purchased my car from Fox Mitsubishi on May 14, 1999. From the date of purchase the car has steered to the right. Thinking that it was in need of an alignment, my husband and I drove the car to Fiore in Altoona to be looked at and adjusted, on Aug. 12, 1999. To this day my car still steers to the right.

Besides the problem with the steering, I have been having continuous problems with the brake system. On March 30, 2000, I took my car back to Fiore for brake repairs. The brakes were making squealing and scratching noises and were getting weaker. Fiore didn't fix the problem, so it continued. On April 18, 2000, just eighteen days after Fiore said nothing was wrong, the brakes went out. My husband and I couldn't repair them until May 9, 2000, because of our work schedule; Fiore wouldn't pay for the repairs, so my husband did the repairs. So then on May 30, 2000, the brakes went out again, 21 days after the last repair. The car was then towed to Fiore, where they again stated that nothing was mechanically wrong. Fiore did an inspection and because of our money situation, and Fiore still would not accept the charges, my husband repaired the brake pads this second time also, we paid for the inspection and he did the repairs in their parking lot so we could drive it home. While doing the repairs, my husband noticed that the retainer clips were missing after the service advisor, Jeanne Long, stated that their mechanic replaced them. Fiore had to order the clips, we went home and waited for them to be sent to us in the mail. The clips didn't come until Monday, June 12, 2000, my husband put them on, and because of all of this, we were out of a car this time for a total of 12 days. Then on June 29, 2000, the brakes went out again, each time they were getting worse.

This time we had the car towed to Wheeler Mitsubishi in Johnstown, PA. They began work on the car the next day, June 30, 2000. On Wednesday, July 5, 2000, my husband and I went to pick up the car. To this date no dealer has been able to correct the problems. Attached are copies of the repair orders and receipts that document the attempts to repair my car.

These overall problems substantially impair both the use and value of my car. Therefore, if you and/or your dealer are unable to correct this in a "reasonable number of attempts" as that phrase is defined in Maryland's Automotive Warranty Enforcement Act (Md. Code Ann., Com. Law II, S14-1502 (D)), I will expect you to repurchase/replace my car pursuant to S14-1502(C) of the Act.

Please contact me or my husband, Robert, at the above address or telephone number to arrange a mutually convenient date and time for you to inspect my car and make the necessary repairs.

Enc: 8

<p><b>DOT Auto Safety Hotline</b>          U.S. Department of Transportation          National Highway Traffic Safety Administration</p>	<p><b>Vehicle Owner's Questionnaire (VOQ)</b>          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 125</p> <p><b>RECEIVED</b>          JUL 28 AM 10:17          JUN 29 2000          OFFICE          DEFECTS INVESTIGATION</p> <p>Od_or _____          rt_dt _____          od_rt _____          up_itr _____</p> <p>Reference No.  <b>864498</b></p> <p>Work Number _____          Home Number _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>617694</p>		

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 7/17/00

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) <b>JA3AY11A4XU034986</b>	Vehicle Make <b>MITSUBISHI</b>	Vehicle Model <b>MIRAGE</b>	Vehicle Year <b>1999</b>	Current Odometer Reading <b>21,317</b>		
Purchase Date <b>5/14/99</b>	Dealer's Name <b>FOX Mitsubishi</b>		Engine Size (CID/CC/L) <b>1.5</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21207</b>	No Cylinders <b>4</b>		
Transmission Type <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input checked="" 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 <b>03250000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures <b>4</b>	Date(s) of Failure(s) <b>2/20/2000, 4/18/2000, 5/9/2000, 6/29/2000</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) <b>10,837 ; 12,437 ; 18,584 ; 21,184</b>		Vehicle Speed at Failure(s) <b>40-60</b>	

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	Firs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>0</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


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

**WHEN APPLYING BRAKES THE PEDAL GOES TO THE FLOOR, CAUSING EXTENDED STOPPING DISTANCE. CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.\*AK**

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Please contact me or my husband, Robert, at the above address or telephone number to arrange a mutually convenient date and time for you to inspect my car and make the necessary repairs.

Sincerely,

A large black rectangular redaction box covering the signature area. A small handwritten checkmark is visible below the redaction.

Enc: 8