

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

335

Date Received

14-JUL-2000

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

Reference No.

865413

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
	MITSUBISHI	ECLIPSE	1991	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflation <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 Utl <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 07360000	Part Name(s) POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 03-JUL-2000 Mileage at Failure(s) 136000 Vehicle Speed at Failure(s) 0	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	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)

IN 1998 CONSUMER RECEIVED A RECALL LETTER 98V069.001/ TRANSMISSION, TRANSFER CASE. TOOK VEHICLE TO DEALER. THEY INSPECTED " VEHICLE AND SAID THERE WAS NO LEAK. TWO YEARS LATER, CONSUMER WAS DRIVING ABOUT 45 MPH AND BOTH REAR WHEELS LOCKED UP. CONSUMER FELT THIS WAS A RESULT OF DEALER NOT INSPECTING VEHICLE PROPERLY AT THE TIME OF RECALL, TWO YEARS AGO.\*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.

U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335	
OWNER INFORMATION (Type or Print)		620544		<b>RECEIVED</b> <b>00 AUG 22 PM 1:08</b> <b>14 JUL 2000</b> <b>OFFICE</b> <b>DEFECTS INVESTIGATION</b> Reference No. <b>885413</b>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized NHTSA representative, you will NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
Signature of Owner _____		Date _____			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <b>4A3CT64U0ME026415</b>		Vehicle Make <b>MITSUBISHI</b>	Vehicle Model <b>ECLIPSE</b>	Vehicle Year <b>1991</b>	Current Odometer Reading
Purchase Date		Dealer's Name _____		Engine Size (CID/CC/L) <b>2 Liter</b>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City _____ State _____ Zip Code _____		No. Cylinders <b>4</b>	
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		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>07390009</b>	Part Name(s) <b>POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)</b>		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>0</b>	Date(s) of Failure(s) <b>03-JUL-2000</b>		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) <b>106000</b>		Vehicle Speed at Failure(s) <b>0</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	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<b>IN 1998 CONSUMER RECEIVED A RECALL LETTER 98V069.001/ TRANSMISSION, TRANSFER CASE. TOOK VEHICLE TO DEALER. THEY INSPECTED VEHICLE AND SAID THERE WAS NO LEAK, TWO YEARS LATER, CONSUMER WAS DRIVING ABOUT 45 MPH AND BOTH REAR WHEELS LOCKED UP. CONSUMER FELT THIS WAS A RESULT OF DEALER NOT INSPECTING VEHICLE PROPERLY AT THE TIME OF RECALL, TWO YEARS AGO.*AK</b>					
CONTINUE ON BACK IF NEEDED					
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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

MANUFACTURER/TIRE NAME

SIZE

\* 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)

On July 3<sup>rd</sup>, driving on a straight and level road, with my wife and child, the rear wheels of our 1991 Mitsubishi Eclipse GSX locked up. The car went into an immediate skid which I was fortunately able to bring under control and ~~steer~~ <sup>steer</sup> the car to the side of the road. No one was injured, however if this had happened at highway speeds the consequences would have been severe. I have come to find out that this is a known problem and Mitsubishi has replaced Transfer cases and transmissions in some instances. In my case Mitsubishi has denied any responsibility. I have spent hours on the phone with various representatives, all of whom initially denied that there was a transfer case problem until confronted with the NHTSA recall notice. I brought the car to the dealer at my own expense to be looked at by Mitsubishi's District Service Manager and he denied my claim by stating that the car was "inspected" and is out of warranty. Mitsubishi has been anything but cooperative with this dangerous situation and other vehicle owners are still in danger driving "inspected" transfer cases.

U.S. G.P.O. 1992 - 223 377 100-6

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



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**BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

