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 255	
Date Received: 24-JUL-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 865882

[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	ECLIPSE	1997	

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)
05140000	ENGINE:FLYWHEEL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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)

WHILE DRIVING FLYWHEEL BROKE, CAUSING A LOSS OF CONTROL. DEALER HAS BEEN CONTACTED.*AK

CONTINUE ON BACK IF NEEDED

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

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 255

Date Received: RECEIVED
00 AUG 29 AM 11:46
24-JUL-2000
OFFICE OF DEFECTS INVESTIGATION

Odi_dr
rp_dt
odi_nr 865882
up_ltr

OWNER INFORMATION (Type or Print)

[redacted]

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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/21/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4A3AX35B6VE023135	MITSUBISHI	ECLIPSE	1997	30826

Purchase Date: 9-16-98 ☐ New ☒ Used

Dealer's Name: GATEWAY HONDA
8425 U.S. Hwy 19
City: PORT RICHEY State: FL Zip Code: 34668

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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utl ☐ 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)
05140000	ENGINE:FLYWHEEL	☐ 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?
1	7-6-2000 / 30,735 / 50 MILES AN HOUR	☒ 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	NONE			☐ Yes ☒ No

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

WHILE DRIVING FLYWHEEL BROKE, CAUSING A LOSS OF CONTROL. DEALER HAS BEEN CONTACTED.*AK

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.*														MANUFACTURER/TIRE NAME	SIZE
D	O	T													

* 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)

Enclosed is Letter Dated, plus Repair Bills

☆ U.S. G.P.O.: 1992 – 323-997 / 60086

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

TAMPA, FL 336 PM 23 JUL 2000

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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

[redacted]

Mitsubishi Motors Sales of America, Inc.
National Customer Service Department,

Dear Sirs, or to whom it may Concern.

I am writing you in regards to the problems I am having with your propelland this vehicle.

I purchase one of your Cars, The Mitsubishe Eclipse Spyder Convertible 1999 model. Number 4A3AX35GXVE0 23135. Odometer Reading at time of repair 30,785. The new car Warranty still in effect. I also have the extending Warranty by R Automotive Warranty Service of Florida, Inc. Agreement No. AC16991. This would go into effect until the new car warranty expires.

I bought this car for the wife, & have a Lincoln. I was on the Road driving it myself, when the Crank Shaft Pully Assembly came Apart. The Car went out of Control, but I finally got it back in Control. I Could have been Killed or badly Injury. I am glad the wife was not driving it, it Could have been a different situation.

I would have taken it to a Dealership, But the nearest one was about 100 miles away, so I had a Local Auto Care take care of it. I thought this was the best thing to do at the Time. The next day I checked with one of your Dealerships. They didn't even look at it. That's just Common Courtesy. Every body is due that. Decency and respect don't cost you any thing.

Mr Ba this note and Model should be Recall, I think you have a safety Hazard here. I am sending you the Bill that I already paid. I to not the money, its the Principle.

I will be in Washington D.C. next week, and I am considering looking into the matter.

Your Cooperation in this matter will be Sincerely Appreciate.

Sincerely:

[redacted]

INVOICE#: 0002212
Tax Exempt N

STEVE'S PRO AUTO CARE.
8030 MASSACHUSETTS AVE
NEW PORT RICHEY, FL. 34653
(727) 845-1528 (727) 849-0348

DATE 7/06/2000

FL STATE MV#-29993

[redacted]

001497 Comment:

CHECK CAR FOR BROKEN P.S & ALT BELT & REPLACE CRANKSHAFT PULLEY ASSEMBLY & REPLACE BROKEN BELT.

1997 Mitsubishi Eclipse Gs Spyd
VIN: 4A3AX35G8VE023135
TAG: [redacted]
MILEAGE: 30,765

Description	Quantity	Amount	Extended
Gates Belt Gat/K040390	1.00	19.95	19.95
Crank Shaft Pulley Assembly	1.00	129.33	129.33
Labor Diagnostic & Repairs	1.70	60.00	102.00

All Repairs Gaurenteed For 12 Months or 12,000 Miles, Whichever Comes First.
Warranty is Good Only At STEVE'S PRO AUTO CARE
Towing is Not Included in Warranty Repairs
The Vehicle Owner Assumes ALL Legal Cost And Fees For The Collection Of This Bill.
All Work Was Estimated And Approved Prior To Start.
We Are [redacted]

SIGN [redacted]

THANK YOU!

SUBTOTAL	251.28
TAX:	15.08
TOTAL:	266.36

Pd In Full
CK# 2034