



**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 156**

Data Received  <b>12-OCT-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>872818</b>	

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>(Listed at front of windshield or drivers side)</small> <b>CSKEKINRU01187</b>	Vehicle Make <b>MITSUBISHI</b>	Vehicle Model <b>MIRAGE</b>	Vehicle Year <b>1996</b>	Current Odometer Reading		
Purchase Date  <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type <input 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 type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <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 <b>08500000</b>	Part Name(s) <b>ELECTRICAL SYSTEM:IGNITION</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) <b>01-JAN-1996</b> Mileage at Failure(s) <b>2</b> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	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)**

**1996, MITSUBISHI LANCER; WHILE DRIVING VEHICLE STALLS UNEXPECTEDLY WHICH MAY CAUSE A CRASH. MITSUBISHI CANNOT DETERMINE THE CAUSE. PLEASE PROVIDE FURTHER INFORMATION.\*AK**

CONTINUED ON BACK (REVERSE)

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 style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY 156</b></p> <p>Date Received <b>RECEIVED</b> 12-OCT-2000 1:5</p> <p>Office <b>AFFECTS INVESTIGATION</b></p> <p>Reference No: <b>872818</b></p> <p>Work Number: [Redacted] Home Number: [Redacted]</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] <b>845692</b></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: [Redacted] Date: **10/20/2000**

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of front of motor vehicle)</small> <b>CSKEKINRU01187</b>	Vehicle Make <b>MITSUBISHI</b>	Vehicle Model <b>LANCER MIRAGE</b>	Vehicle Year <b>1996</b>	Current Odometer Reading <b>CAR IN PAKISTAN</b>	
Purchase Date <b>1996</b>	Dealer's Name <b>Worldwide Motor</b>		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>KARACHI</b> State <b>PAKISTAN</b>	No Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic <b>HAND CONTROL</b>	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
Body Style <input type="checkbox"/> 2-Door <input checked="" 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>08600000</b>	Part Name(s) <b>ELECTRICAL SYSTEM: IGNITION</b> <b>CAR Stalls Intermittently at Driven</b>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <b>01-JAN-1996</b> Mileage at Failure(s) <b>2</b> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>					
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>NO SO FAR</b>	Number of Fatalities <b>NONE SO FAR</b>	Estimated Property Damage <b>NONE SO FAR</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**1996, MITSUBISHI LANCER; WHILE DRIVING VEHICLE STALLS UNEXPECTEDLY WHICH MAY CAUSE A CRASH. MITSUBISHI CANNOT DETERMINE THE CAUSE. PLEASE PROVIDE FURTHER INFORMATION.\*AK**

*I have took the CAR since delivery in 1996 to Worldwide Motor Islamabad PAKISTAN. They will not My Complaint in writing. Complaint is taken verbally. They look the Engine we cannot find any thing as to your complaint. NO Order is written as to my Complaint.*

CONTINUE ON BACK IF NEEDED

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Identification # CSKEKINRU01189

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
0	0	T					LANCER Imported	1996 Mitsubishi Lancer Disable Label	4 DOOR

\* 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) 1996 Mitsubishi Lancer in PAKISTAN

1996 Imported 1996 Mitsubishi Lancer, under Government of Pakistan. Disable person scheme. A permit was issued by Government of Pakistan. 1996 Mitsubishi Lancer was equipped by "HAND CONTROL DEVICE".

Mitsubishi Lancer was delivered in 1996 (November). Since then I have intermittent stalling problem with Mitsubishi Lancer. While driving I slow down to cross breaker on the road, after the car passes breaker with a little slower speed than the speed it is going on. The car stall. In order to drive I have to start the car again in between the road / busy traffic. It has also happened that car stall intermittently while driving. Then break to slow down / or stop, the car stall (stop).

U.S. address: Muzia A. Rahman Beg, P.O. Box 1205, HERNDON VIRGINIA 20172 U.S.A.

U.S.G.P.C.: 1992-825-267/6098

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

