



**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 252

Data Received 27-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 874060	

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 driver's side)</small> JA3CA36C2PU023021	Vehicle Make MITSUBISHI	Vehicle Model MIRAGE	Vehicle Year 1993	Current Odometer Reading
----------------------------------------------------------------------------------------------------------------------	-----------------------------------	--------------------------------	-----------------------------	--------------------------

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 <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 05130000	Part Name(s) ENGINE:PULLEY:CRANKSHAFT	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) 01-JAN-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 10015		
	Vehicle Speed at Failure(s) _____		

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
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	---------------------------	-------------------------------------------------------------------------------------------

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

HE WAS DRIVING THE VEHICLE TWO WEEK PRIOR TO HAVING IN THE SHOP FOR A TIMMING BELT. THE DEALERSHIP IS AWARE OF THE PROBLEM. IT TOOK \$1400.00

CONTINUED ON BACK PLEASE

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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

27-OCT-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

874060

OWNER INFORMATION (Type or Print)

651594

Work Number

Home Nu

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 11/6/00

VEHICLE INFORMATION

Vehicle Identification No. (VIN) JA3CA36C2PU023021
Vehicle Make MITSUBISHI
Vehicle Model MIRAGE
Vehicle Year 1993
Current Odometer Reading

Purchase Date 1-Mar-1993
Dealer's Name COURTESY MITSUBISHI INC.
City DOTHAN State AL Zip Code 36301
Engine Size (CID/CCIL) _____
No. Cylinders _____
 Turbo
 Diesel
 Gas
 Fuel Injection

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt
 Driverside Airbag 2-Point Belt
 Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Util Truck Motorcycle
 Van Minivan Other
Body Style 2-Door 4-Door
 Stationwagon Pick Up Truck
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05130000 05151000
Part Name(s) CAMSHAFT
ENGINE:PULLEY:CAMSHAFT
ENGINE:TIMING GEAR AND CHAIN
Location Left Right Front Rear
Failed Part(s) Original Replacement

No of Failures _____
Date(s) of Failure(s) 01-JAN-2000
Mileage at Failure(s) 10015
Vehicle Speed at Failure(s) _____
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? 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 Yes No
Fire Yes No
Number of Persons Injured _____
Number of Fatalities _____
Estimated Property Damage _____
Reported to Police Yes No

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

WHILE CONSUMER WAS DRIVING CAMSHAFT FAILED TWO WEEKS PRIOR TO HAVING VEHICLE IN SHOP FOR A TIMING BELT FAILURE. DEALERSHIP WAS AWARE OF PROBLEM. IT TOOK \$1400.00 *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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 258</p>	
	<p>Date Received 02-OCT-2000</p>		<p>Od or rt_dt od_dt up_lr</p>	
	<p>Reference No. 733265</p>		<p>Work Number</p>	
	<p>Home Number</p>		<p>646235</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of your signature, please print your name and address to the vehicle manufacturer.
 Signature of _____ Date 11/6/00

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) JA3CA36C2PU023021	Vehicle Make MITSUBISHI	Vehicle Model MIRAGE	Vehicle Year 1993	Current Odometer Reading
Purchase Date 01-MAR-1993	Dealer's Name COURTESY MITSUBISHI, INC		Engine Size (CID/CCL) 1.5	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>DOTHA</u> State <u>AZ</u> Zip Code <u>34301</u>		No Cylinders	
Transmission Type <input 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <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 05151000	Part Name(s) ENGINE TIMING GEAR AND CHAIN Cam SHAFT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <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? <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

I HAD A TIMING BELT INSTALL , ONE WEEK LATER MY CAR STOP IN THE MIDDLE ON THE HIGHWAY, SO I CALL MITSUBISHI AND THEY TOLD ME THAT MY TIMING BELT PROBABLY CAME OFF. I HAD ALREADY PAID \$400.00 TO INSTALL MY TIMING BELT, SO WHEN I WENT DOWN TO SEE WHAT WAS WRONG THEY TOLD ME THAT MY CAM SHAFT HAD BROKEN, SO I WENT AND TOED TO A MECHANIC AND THEY TOLD ME THAT ONLY WAY A CAM SHAFT CAN BREAK IS THE TIMING BELT WAS NOT INSTALL RIGHT OR CAM SHAFT WAS DEFECTED , I HAD TO PAID \$1400.00 TO GET IT FIX , SO I NEED SOME HELP TO SEE WHAT REALLY HAPPEN.....THANK. *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.

**SERVICE INVOICE
COURTESY MITSUBISHI, INC.**



2983 ROSS CLARK CIRCLE SW
DOTHAN, ALABAMA 36301

334-671-1144

OWNER: [REDACTED] 51130

ES [REDACTED]

CAR: [REDACTED]

PRELIMINARY Copy # 1 PAGE

YEAR / MAKE	MODEL NAME	VEHICLE IDENTIFICATION NUMBER	LICENSE NO	MILEAGE	DATE / TIME RECEIVED	JOB NO.	R.O. NO.
93 Mitsubishi	MIRAGE	JA3CA36C2PU023021		108597	10-19-98 08:13	065	25385
BODY TYPE	MODEL NO.	COLOR	STOCK NO.	PROD. DATE	IN SVC. DATE	DELIVERY DATE / MILES	READY DATE / TIME
4DR		SILVER					11-05-98 10:00

DISCLAIMERS OF WARRANTIES: Any warranties on the products sold hereby are those made by the manufacturer. The seller, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

SOLO BY	SELLER (PRINT NAME)	PAYMENT METHOD	CUSTOMER P.C. NO	PROMOTION NO.	SERVICE ADVISOR	CROSS REFERENCE R.O
	51130S MOHO				BLACK	
VEHICLE TYPE	ACCESS CODE	AUTHORIZED BY	LABOR RATE	SAVE PARTS ?	APPOINTMENT ?	CALL WHEN READY ?
SC	XXXXX			N	N	N

CALL: _____
BUS: _____
OPER: _____
RES: _____

KEY # : _____
: _____
: _____
: _____

CONTACT: _____
AT: _____
PREPARED BY: BRADFORD

OPERATION UPGRADE	TECH	TYPE	UNITS	UNIT LIST	UNIT NET	AMOUNT
Request: CUSTOMER STATES QUIT WHILE DRIVING NOW CRANKS NO START						
Causes: REPLACE CAMSHAFT, FOUND NO COMP #2 CYLINDER. REMOVE HEAD						
LABOR FOR VALVE JOB						
		WHIDDOX	3-HR			594.00
		Pay #	101			
REPLACE CAMSHAFT, FOUND NO COMPRESSION #2 CYLINDER. REMOVE CYLINDER HEAD INSPECT FOR BENT VALVES, REPLACED 4 INTAKE AND 2 EXHAUST VALVES, SCHEM VALVE JOB & SURFACE 4 VALVES. R&R STAMPS						
PARTS:						
1	MD1007196	CAMSHA				254.36
1	MD157615	CASKET				15.98
1	MD306794	SPROCK				22.61
4	MD162422	VALVE,				72.44
2	MD162422	VALVE,				37.75
1	MD970440	CASKET				150.52
LABS:						
	VRM: 10K40					
	S COOLANT	COOLANT				6.99
	J MD325714	OIL P1				5.35
	J MD350317	CASKET				.50
	J MS031357	BEARL				9.28
SUBSET:	L&N AUTO					125.00
	MEMO: 25365	Q-MX				
	Vendor:					
SUBSET:	TOWING COURTESY P.C.					55.00
	MEMO: 23170	Q-MX				
	Vendor:					

IN THE EVENT THAT ANY MONEY DUE AND OWING UNDER ANY ACCOUNT WITH COURTESY MITSUBISHI SHOULD BE PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION, THE UNDERSIGNED AGREES TO PAY ALL ATTORNEY AND COURT COSTS, ARISING THEREFROM AND WAIVES ALL RIGHTS AND EXEMPTION UNDER THE CONSTITUTION AND LAWS OF THE STATE OF ALABAMA, A SERVICE CHARGE OF 15% OF THE UNPAID BALANCE PER MONTH WILL BE ADDED TO THE ACCOUNT OVER 30 DAYS AND WILL CONTINUE UNTIL COLLECTION IS MADE

PLEASE PRINT YOUR NAME
 COURTESY
 THANK YOU

REQUEST TOTAL: 1359.66

INITIAL ESTIMATE: WILL CALL WITH ESTIMATE

SERVICE INVOICE
COURTESY MITSUBISHI, INC.

2983 ROSS CLARK CIRCLE, SW
DOTHAN, ALABAMA 36301

334-671-1144



CAR:

PRELIMINARY Copy # 1 PAGE 2

YEAR / MAKE	MODEL NAME	VEHICLE IDENTIFICATION NUMBER	LICENSE NO.	SERVICE ADV SCR	CROSS REFERENCE R.D.	JOB NO.	R.O. NO.
93 Mitsubishi	STRAGE	JA3CA36C2PU023021		BLACK		065	25385

OPERATION OPCODE	TECH	UNIT DESC	UNITS	UNIT LIST	UNIT NET	AMOUNT
---------------------	------	--------------	-------	--------------	-------------	--------

Comments:

	LABOR TOTAL....	594.00
	PARTS TOTAL....	575.81
	BURLET CHGS....	180.00
	GAS/OIL/GREA...	3.75
	Service Mat'l...	12.00
	OP SUBTOTAL....	1371.56
	OP SALES TAX...	46.06
	Please Pay This Amount.....	1417.62

*Paul
cheam
#1330*