Form Approved: O.M.B. No. 2127-0042

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** 151

Date Received: 06-NOV-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 874435

[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 | DIAMANTE | 2000 | |

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<br>☐ Automatic | ☐ Yes<br>☒ No | ☐ 3-Point Belt<br>☒ Driverside Airbag<br>☐ Passengerside Airbag<br>☐ Motorbelt<br>☐ 2-Point Belt | ☐ Yes<br>☒ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car<br>☐ Van<br>☐ Minivan<br>☐ Other_____<br>☐ Sport Utl<br>☐ Truck<br>☐ Motorcycle | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☐ Other_____ |

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

| Component | Par. Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 12112100 | INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failures | Date(s) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s) | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| | | ☐ 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)

DRIVER REAR ENDED ANOTHER VEHICLE AT 30 TO 35MPH, AND NEITHER DRIVER'S SIDE NOR PASSENGER'S SIDE AIRBAGS DEPLOYED. DEALER HAS NOT SEEN VEHICLE. *AK

CONTINUED 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 151

Date Received: 06-NOV-2000

RECEIVED 00 NOV 27 OFFICE OF DEFECTS INVESTIGATION

Odr_dr
rt_dt
ol_rt
up_ltr

Reference No. 874435

## OWNER INFORMATION (Type or Print)

[redacted] 653603

Work Number [redacted]
Home Number

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?* ☑ YES ☐ NO
*In the absence of an a[redacted] NOT provide your name and address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 11/19/00

## VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| 6MMAP67P4YT001707 | MITSUBISHI | DIAMANTE | 2000 | |

Purchase Date: DEC / 1999 ☐ New ☒ Used

Dealer's Name: Team Mitsubishi
City: Edmond State: OK Zip Code: 73013

Engine Size (CID/CC/L): 3.5L
No Cylinders: 6
☐ 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) |
|---|---|---|---|
| 12112100 | INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR | ☑ Left ☐ Right ☑ Front ☐ Rear | ☑ Original ☐ Replacement |

No of Failures: One

Date(s) of Failure(s): 14 October 2000
Mileage at Failure(s): 18700 estimated
Vehicle Speed at Failure(s): 30-35 mph

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 | Fire | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☒ Yes ☐ No | ☐ Yes ☒ No | NONE | NONE | $7000.00 | ☑ Yes ☒ No |

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

DRIVER REAR ENDED ANOTHER VEHICLE AT 30 TO 35MPH, AND NEITHER DRIVER'S SIDE NOR PASSENGER'S SIDE AIRBAGS DEPLOYED. DEALER HAS NOT SEEN VEHICLE. *AK

CONTINUE ON BACK IF NEEDED

M6193

130241

*INVOICE*

PAGE 1

[redacted]

# TEAM MITSUBISHI

14145 N. BROADWAY
EDMOND, OK 73013
(405) 478-5333

SERVICE ADVISOR: 328 BRYAN BLACKWELL

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG |
|---|---|---|---|---|---|---|
| SILVER | 2000 | MITSUBISHI DIAMANTE | 6MMAP67P4YT001707 | | 19344/19344 | T3280 |

| DEL DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT | INV. DATE |
|---|---|---|---|---|---|---|---|
| 15DEC1999 | | | 17:00 15NOV00 | | 0.00 | CASH | 15NOV2000 |

| R.O. OPENED | READY | OPTIONS: |
|---|---|---|
| 09:19 15NOV00 | 15:59 15NOV00 | STK:M6193 |

| LINE OPCODE TECH TYPE HOURS | LIST | NET | TOTAL |
|---|---|---|---|
| A CUSTOMER STATES SRS DID NOT GO OFF ON ACCEDENT | | | |
| 1 MUT TEST NO CODES STORED OR PRESENT AT THIS TIME, NO PREVOUS CLEARS FROMT HE COMPUTER | | | |
| 325 IS | | | (N/C) |
| PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: | | | 0.00 |
| ********** | | | |
| B LOANER CAR | | | |
| LC LOANER CAR | | | |
| 325 W98 | | | (N/C) |
| PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: | | | 0.00 |
| ********** | | | |
| C RECALL (PARKING BRAKE SCREW) SR-00-003 | | | |
| CC003P RECALL (PARKING BRAKE SCREW) SR 00 003 | | | |
| 325 W98 | | | (N/C) |
| 1 MR922897 * KIT,PARKIN | | | (N/C) |
| PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: | | | 0.00 |
| ********** | | | |
| D** CUSTOMER REQUEST OKLAHOMA STATE INSPECTION $5.00 | | | |
| 100 CUSTOMER REQUEST OKLAHOMA STATE INSPECTION $5.00 | | | |
| 325 CP | 5.00 | | 5.00 |
| PARTS: 0.00 LABOR: 5.00 OTHER: 0.00 TOTAL LINE D: | | | 5.00 |
| ********** | | | |

| DESCRIPTION | TOTALS |
|---|---|