



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 284

Date Received

09-MAR-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

882556

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JA3AA11AXTU000937		MITSUBISHI	MIRAGE	1996	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ 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
				Body Style	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03230000	Part Name(s) BRAKES:HYDRAULIC:MASTER CYLINDER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 08-AUG-2000 45 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN BRAKES WERE APPLIED THEY WENT TO FLOOR. BRAKE MASTER CYLINDER REPAIRED. *AK

COPIES OF THIS FORM ARE:

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 2B4 Date Received <u>09-MAR-2001</u> Reference No. <u>882556</u>	
OWNER INFORMATION (Type or Print) [Redacted] 679256				Od. or rt. d. oil rt. oil ltr Work Num [Redacted] Home Num [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 <u>3/21/01</u>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) [Redacted]		Vehicle Make <u>MITSUBISHI</u>		Vehicle Model <u>IMRAGE</u>	
Vehicle Year <u>1996</u>		Current Odometer Reading <u>49,000</u>			
Purchase Date <u>NEW 6/12/96</u> ☐ New ☒ Used		Dealer's Name <u>RON BOUCHARD'S</u> City <u>FITCHBURG</u> State <u>MA</u> Zip Code <u>01420</u>		Engine Size (CID/CC/L) <u>4</u> No Cylinders <u>4</u> ☐ 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 ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl. truck ☐ Motorcycle	
Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>03230000</u>		Part Name(s) <u>BRAKES:HYDRAULIC:MASTER CYLINDER</u>		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No of Failures		Date(s) of Failure(s) <u>08-AUG-2000</u> Mileage at Failure(s) <u>45</u> Vehicle Speed at Failure(s) <u>PARKED</u>		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 <u>NONE</u>	
Number of Fatalities <u>NONE</u>		Estimated Property Damage <u>NONE</u>		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHEN BRAKES WERE APPLIED THEY WENT TO FLOOR. BRAKE MASTER CYLINDER REPAIRED. *AK					
CONTINUE ON BACK IF NEEDED					
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