



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 241

Date Received

15-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

883186

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)<br><small>(Locate at bottom of<br/>windshield or driver's side<br/>door)</small> | Vehicle Make    | Vehicle Model | Vehicle Year | Current Odometer Reading |
| PLEASE FILL IN                                                                                            | MITSUBISHI TRUC | MONTERO       | 1992         |                          |

|                                                                       |                                                                        |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name                                                          | Engine Size<br>(CID/CC/L)                                                                                                                                                                                               | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio                                                                                                    |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____                                  | No Cylinders _____                                                                                                                                                                                                      |                                                                                                                                                                                                                                                |
| Transmission Type                                                     | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                        | Cruise Control                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                         |
|                                                                       |                                                                        |                                                                                                                                                                                                                         | Drive Train                                                                                                                                                                                                                                    |
|                                                                       |                                                                        |                                                                                                                                                                                                                         | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                            |
|                                                                       |                                                                        |                                                                                                                                                                                                                         | Vehicle Type                                                                                                                                                                                                                                   |
|                                                                       |                                                                        |                                                                                                                                                                                                                         | <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                       |                                                                        |                                                                                                                                                                                                                         | Body Style                                                                                                                                                                                                                                     |
|                                                                       |                                                                        |                                                                                                                                                                                                                         | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____                                       |

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

|                       |                                                                         |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>05150000 | Part Name(s)<br>ENGINE:OTHER PARTS                                      | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>10-FEB-2001<br>120000<br>Mileage at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

ENGINE FAILURE DUE TO DEFECTIVE ENGINE MODULE, REPLACING SECOND MODULE. DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. \*AK

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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.

RECEIVED

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                   |                                                                                                                       | <b>FOR AGENCY USE ONLY</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> <div style="float: right; text-align: right;">680426</div>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       | <b>Date Received</b><br>15-MAR-2001                                                                                                                                                                                                                            | <b>Od or</b><br><b>mi</b><br><b>od_mi</b><br><b>od_hr</b>                                                                                                                                                                          |
| <b>Signature of Owner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | <b>Reference No.</b><br>883186                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |
| <b>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><b>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</b>                                                                                                                                                                                                                                                                                          |                                                                                                                       | <b>Work Number</b><br><b>Home Number</b>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |
| <b>Vehicle Ident. No. (VIN)</b> (located at bottom of windshield on driver's side)<br><b>PLEASE FILL IN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | <b>Vehicle Make</b><br>MITSUBISHI TRU                                                                                                                                                                                                                          | <b>Vehicle Model</b><br>MONTERO                                                                                                                                                                                                    |
| <b>Purchase Date</b><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       | <b>Vehicle Year</b><br>1992                                                                                                                                                                                                                                    | <b>Current Odometer Reading</b>                                                                                                                                                                                                    |
| <b>Dealer's Name</b><br>City _____ State _____ Zip Code _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       | <b>Engine Size (CID/CC/L)</b><br>No Cylinders <u>6</u>                                                                                                                                                                                                         | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection                                                                 |
| <b>Transmission Type</b><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Antilock Brakes</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                      | <b>Restraint System</b><br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag            | <b>Cruise Control</b><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                    |
| <b>Drive Train</b><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | <b>Vehicle Type</b><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ut<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other | <b>Body Style</b><br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |
| <b>Component</b><br>05150000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Part Name(s)</b><br>ENGINE:OTHER PARTS                                                                             | <b>Location</b><br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                                                | <b>Failed Part(s)</b><br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                 |
| <b>No of Failures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Date(s) of Failure(s)</b> 10-FEB-2001<br><b>Mileage at Failure(s)</b> 120000<br><b>Vehicle Speed at Failure(s)</b> | <b>Failed Part(s) Available?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                        | <b>NHTSA Previously Contacted?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |
| <b>Crash</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Fire</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    | <b>Number of Persons Injured</b>                                                                                                                                                                                                                               | <b>Number of Fatalities</b>                                                                                                                                                                                                        |
| <b>Estimated Property Damage</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | <b>Reported to Police</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                               |                                                                                                                                                                                                                                    |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b><br>ENGINE FAILURE DUE TO DEFECTIVE ENGINE MODULE, REPLACING SECOND MODULE. DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |
| 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. |                                                                                                                       |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |

CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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