



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 758**

Date Received

19-MAR-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

883399

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>(Locate at bottom of and/or on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
ADD	MITSUBISHI	MIRAGE	1995			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 07463000	Part Name(s) POWER TRAIN:AXLE ASSEMBLY:BEARING:AXLE 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 Failure	Date(s) of Failure(s) 01-MAY-1995 86000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	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)

WHEEL BEARINGS ON ALL 4 WHEELS HAVE BEEN REPLACED SINCE PURCHASE OF VEHICLE. DEALER STATED HE HAD NEVER SEEN THAT BEFORE. \*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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 758</p> <p>Date Received <u>01 APR 12 AM 19-MAR-2001</u></p> <p style="text-align: center;">NHTSA DEFECTS DIVISION</p> <p>Reference No. <b>883399</b></p> <p>Work Number _____ Home Number _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>_____ <b>681041</b></p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 04/19/01  YES  NO

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading			
A _____	MITSUBISHI	MIRAGE	1996	86,500			
Purchase Date <u>2/1995</u>	Dealer's Name <u>Parkway Mitsubishi</u>		Engine Size (CID/CYL) <u>1.8L 4-cyl</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Normal</u> State <u>IL</u> Zip Code <u>62761</u>	No Cylinders <u>4</u>					
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UTV <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" 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>07463008</b>	Part Name(s) <b>POWER TRAIN AXLE ASSEMBLY: BEARING: AXLE SHAFT</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement <i>Rt. Rear</i>
No of Failures <b>7</b>	Date(s) of Failure(s) <u>01/19/95</u> Mileage at Failure(s) <u>58800</u> Vehicle Speed at Failure(s) <u>N/A</u> <i>* See back *</i>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <u>N/A</u>	Number of Fatalities <u>N/A</u>	Estimated Property Damage <u>N/A</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**WHEEL BEARINGS ON ALL 4 WHEELS HAVE BEEN REPLACED SINCE PURCHASE OF VEHICLE, DEALER STATED HE HAD NEVER SEEN THAT BEFORE. \*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.



03/19/2001  
17:35:16

SUMMARY HISTORY DISPLAY

3030  
PAGE 1

CUSTOMER [REDACTED] SERIAL NO. JAG3A81CK8U034324  
TOTAL R/O'S 8 TOTAL SERV. DAYS 39 MAKE MI MITSUBISHI

LN#	RO. NO.	RO. DATE.	MILES.	ADV/TECH	#	T	OPERATION CODE, DESCRIPTION.....
1	124602	06/13/2000	67145	A	1305		
				T	323	1 C 21M1Z	DRV AXEL/DRV LIN - Replaced both frt. wheel bearings
2	109898	03/29/1999	47708	A	1305		
				T	323	1 W 21M1Z	DRV AXEL/DRV LIN - " Rt. Rear wheel bearing
3	105566	12/08/1998	44209	A	377		
				T	302	1 W 21M1Z	DRV AXEL/DRV LIN - " Rt. Rear wheel bearing
4	93017	10/24/1997	28475	A	306		
				T	323	1 W 57M1Z	MISC - Pass. door switch
5	91859	09/17/1997	27039	A	307		
				T	312	1 W 60M1Z	STEERING/SUSPENS - Rt. Rear wheel bearing
6	70297C-	09/06/1995	8102	A	921		
				T	15	1 C 01M1Z02	6000 MILE SERVIC
				T	15	2 C 43M1ZADJ/TDNE	ADJUST/TIGHTEN E
				T	15	3 C 29M1Z02	OIL CHANGE
				T	15	4 C 29M1Z02E	AIR FILTER REPLA
				T	15	5 C 21M1Z118DRVSHFT	
				T	15	6 W 63M1ZGLASSREP	GLASS REPAIR
				T	15	7 W 25M1ZFELEGEN1	ELECTRICAL GENER
7	65951C-	04/10/1995	1039	A	921		
				T	14	1 W 57M1ZFREE7NSP	FREE INSPECTION
8	65089C-	03/06/1995	363	A	222		
				T	17	1 W 63M1ZGLASSREP	GLASS REPAIR

3/19/01  
both rear bearings (w/hub)  
need replaced