



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 §20

Date Received

18-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888634

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
FILL IN PLEASE	MITSUBISHI	ECLIPSE	2000	
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
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other		☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02611000	Part Name(s) WHEELS-RIM BASE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 15-SEP-2000 6500 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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE RIMS ARE BENT. DEALERSHIP INFORMED CONSUMER THAT THIS WAS NOT A COVERED PART UNDER WARRANTY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *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.

 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 920 Date Received 18-MAY-2001 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) 692988				Reference No. 888634	
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.				Work Number 	
Signature of Owner Date <u>5/14/01</u>				Home Number 	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 4A3AC54L44E145194 FILL IN PLEASE		Vehicle Make MITSUBISHI		Vehicle Model ECLIPSE	
Purchase Date <u>9/2000</u>		Vehicle Year 2000		Current Odometer Reading 7,443	
☒ New ☐ Used		Dealer's Name <u>Ramsay Mitsubishi</u> City <u>Ramsay</u> State <u>NJ</u> Zip Code _____		Engine Size (CID/CC/L) _____ ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection No Cylinders <u>6</u>	
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 Utility ☐ Van ☐ Truck ☐ Motorcycle ☐ Minivan ☐ Other	
Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 02611000		Part Name(s) WHEELS:RIM BASE		Location ☒ Left ☒ Right ☒ Front ☒ Rear	
No of Failures 2		Date(s) of Failure(s) <u>15-SEP-2000</u> Mileage at Failure(s) <u>6500</u> Vehicle Speed at Failure(s) <u>0-5 mph.</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 0	
				Number of Fatalities 0	
				Estimated Property Damage ?	
				Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
VEHICLE RIMS ARE BENT. DEALERSHIP INFORMED CONSUMER THAT THIS WAS NOT A COVERED PART UNDER WARRANTY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK					
<u>Alloy is too soft for rims.</u>					
<u>2 times my right front tire deflated on a right turn @ a traffic light. Picked it on Rear Right.</u>					
<u>* Received the car with right front wheel bent.</u>					
CONTINUE ON BACK IF NEEDED					
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