



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>**

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Date Received

29-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

889285

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		
4A3CS34B1RE103501	MITSUBISHI	ECLIPSE	1994			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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	Body Style <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 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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) _____ 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
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	--------------------------	-------------------------------------------------------------------------------------------

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

DRIVER'S SIDE AUTOMATIC RESTRAINT BELT IS INOPERABLE. DEALER HAS BEEN NOTIFIED.*AK

CONTINUE ON REVERSE

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.



Vehicle Owner's Questionnaire (VOQ)

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

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

694316

Work Number
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 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) 4A3CS34B1RE103601

Vehicle Make MITSUBISHI

Vehicle Model ECLIPSE

Vehicle Year 1994

Purchase Date 5/00
Dealers Name [Redacted]
City _____ State _____ Zip Code _____
Engine Size (CID/CC/L) _____ No. Cylinders _____
Turbo _____ Diesel _____ Gas _____ Fuel Injection _____

Transmission Type Automatic Manual
Articulation Brakes Yes No
Restraint System Motorbelt 3-Point Belt Driver Side Airbag 2-Point Belt Passenger Side Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Van Minivan Other _____
 Sport Ute Truck Motorcycle
Body Style 2-Door 4-Door Station Wagon Pick Up Truck Other _____

FAILED COMPONENTS/PARTS INFORMATION
Component 12130000
Part Name(s) INTERIOR SYSTEMS-PASSIVE RESTRAINT-BELTS
Location Left Right Front Rear
Failed Part(s) Original Replacement

APPLICATION INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)
Date(s) of Failure(s) 4/00
Mileage at Failure(s) 123
Vehicle Speed at Failure(s) _____
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)
Crash Yes No
Number of Persons Injured _____
Number of Fatalities _____
Estimated Property Damage _____
Reported to Police Yes No

DRIVER'S SIDE AUTOMATIC RESTRAINT BELT IS INOPERABLE. DEALER HAS BEEN NOTIFIED.

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

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Date Received _____
Reference No. _____
OFFICE OF DEFECTS INVESTIGATION
29-MAY-2001 AM 11:37
NHTSA