



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

FOR AGENCY USE ONLY

DATE RECEIVED

113 5 Nov 1996

od-or \_\_\_
ri-di \_\_\_
od-rt Y \_\_\_
up-kr \_\_\_

REFERENCE NO.

304590

OWNER INFORMATION (TYPE OR PRINT)

DAY T

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES [ ] NO [ ]
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

SIGNATURE OF OWNER

DATE

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO. VEHICLE MAKE MITSUBISHI TRUCK VEHICLE MODEL MONTERO MODEL YEAR 1995

CURRENT ODOMETER READING DATE PURCHASED DEALER'S NAME, CITY & STATE ENGINE SIZE (CID/CC/\_) TURBO DIESEL GAS FUEL INJECTN NO. CYLINDERS

TRANSMISSION TYPE ANTILOCK BRAKES RESTRAINT SYSTEM CRUISE CONTROL DRIVETRAIN BODY STYLE
[ ] MANUAL [ ] YES [ ] DRIVERSIDE AIRBAG [ ] MOTORBELT [ ] YES [ ] FRONT STAWAG HATCH BK
[ ] AUTOMATIC [X] NO [ ] PASSENGERSIDE AIRBAG [X] NO [ ] FEAR [ ] VAN
[ ] 3-POINT BELT [ ] 2-POINT BELT [ ] 4 WHEEL [ ] PK UP TRK OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

Table with 4 columns: COMPONENT, PART NAME(S), LOCATION, FAILED PART(S). Row 1: 02100000, SUSPENSION: INDEPENDENT FRONT, LEFT FRONT, ORIGINAL REPLACEMENT. Row 2: NO. OF FAILURES, DATE(S) OF FAILURE(S) 29 Oct 96, MILEAGE AT FAILURE(S) 49, VEHICLE SPEED AT FAILURE(S), MANUFACTURER CONTACTED, NHTSA PREVIOUSLY CONTACTED.

APPLICABLE ACCIDENT INFORMATION

ACCIDENT FIRE NUMBER PERSONS INJURED NUMBER OF FATALITIES PROPERTY DAMAGE EST'S POLICE REPORTED
[X] YES [ ] NO [ ] YES [X] NO

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

AFTER BEING STOPPED AT A STOP SIGN THE CONSUMER TURNED A CORNER (10-20MPH) THE VEHICLE FISHTAILED TO THE RIGHT THEN TO THE LEFT AND FELL TO THE LEFT. PLEASE DESCRIBE IN DETAIL \*AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 Public Law 93-579 The 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.

| Auto Safety Hotline  |   | FOR AGENCY USE ONLY   |     |   |               |        |
|--|---|---|-----|---|---------------|--------|
| (U.S. DEPARTMENT<br>of Transportation<br><br>National Highway<br>Traffic Safety<br>Administration  | <b>VEHICLE OWNER'S QUESTIONNAIRE</b><br><b>SUPPLEMENTAL ACCIDENT FORM</b><br>NATIONWIDE<br>1-800-424-9393 |   | ID  | REFERENCE NO.   | DATE RECEIVED | od_or  |
|  |   |   | 113 | 804590  | 5 Nov 1996    | rt_dt  |
|  |   |   |     |   |               | od_rt  |
|  |   |   |     |   |               | up_ltr |
| <b>ACCIDENT INFORMATION</b>  |   |   |     |   |               |        |
| <b>Location of initial impact (please mark appropriate box)</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           11 <input type="checkbox"/> 1 <input type="checkbox"/> 1<br/>           10 <input type="checkbox"/> 2 <input type="checkbox"/><br/>           9 <input type="checkbox"/> 3 <input type="checkbox"/><br/>           8 <input type="checkbox"/> 4 <input type="checkbox"/><br/>           7 <input type="checkbox"/> 6 <input type="checkbox"/> 5         </div> <div style="width: 45%; text-align: right;">           1 <input type="checkbox"/><br/>           2 <input type="checkbox"/><br/>           3 <input type="checkbox"/><br/>           4 <input type="checkbox"/><br/>           5 <input type="checkbox"/> </div> </div> |   | <b>Is vehicle equipped with a driver side airbag?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN  |     | <b>Is vehicle equipped with a passenger side airbag?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN   |               |        |
|  |   | <b>Did driver side airbag deploy?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |     | <b>Did passenger side airbag deploy?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO  |               |        |
|  |   | <b>Was the driver wearing a seatbelt?</b><br><input type="checkbox"/> LAP/SHOULDER <input type="checkbox"/> LAP ONLY<br><input type="checkbox"/> SHOULDER ONLY <input type="checkbox"/> NO  |     | <b>Was the passenger wearing a seatbelt?</b><br><input type="checkbox"/> LAP/SHOULDER <input type="checkbox"/> LAP ONLY<br><input type="checkbox"/> SHOULDER ONLY <input type="checkbox"/> NOT WEARING<br><input type="checkbox"/> NO PASSENGER   |               |        |
|  |   | <b>Location of the most severe injury sustained by the driver.</b><br><input type="checkbox"/> NO INJURY SUSTAINED BY DRIVER<br><input type="checkbox"/> HEAD <input type="checkbox"/> EYE <input type="checkbox"/> NECK<br><input type="checkbox"/> TORSO <input type="checkbox"/> ARM/UPPER EXTREMITIES<br><input type="checkbox"/> LEG/LOWER EXTREMITIES |     | <b>Location of the most severe injury sustained by the passenger.</b><br><input type="checkbox"/> NO INJURY SUSTAINED BY PASSENGER<br><input type="checkbox"/> HEAD <input type="checkbox"/> EYE <input type="checkbox"/> NECK<br><input type="checkbox"/> TORSO <input type="checkbox"/> ARM/UPPER EXTREMITIES<br><input type="checkbox"/> LEG/LOWER EXTREMITIES |               |        |
|  |   | <b>Type of injury to driver.</b><br><input type="checkbox"/> ABRASIO <input type="checkbox"/> LACERATION <input type="checkbox"/> BREAK<br><input type="checkbox"/> BURNS <input type="checkbox"/> TRAUMA   |     | <b>Type of injury to passenger.</b><br><input type="checkbox"/> ABRASIO <input type="checkbox"/> LACERATION <input type="checkbox"/> BREAK<br><input type="checkbox"/> BURNS <input type="checkbox"/> TRAUMA  |               |        |
|  |   | <b>Severity of injury to driver.</b><br><input type="checkbox"/> NO <input type="checkbox"/> EMERGENCY ROOM<br><input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> FATA   |     | <b>Severity of injury to passenger.</b><br><input type="checkbox"/> NO <input type="checkbox"/> EMERGENCY ROOM<br><input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> FATA  |               |        |
| 1995<br><b>MITSUBISHI TRUCK</b><br><b>MONTERO</b><br><br>Vehicle speed:  |   |   |     |   |               |        |
| The Privacy Act of 1974<br>Public Law 93-579<br>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 responses 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 responses, 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

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

17-AUG-2001

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

Reference No.

894590

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/>and/or driver's door frame)</small> | Vehicle Make  | Vehicle Model  | Vehicle Year  | Current Odometer Reading   |   |   |
| 2G4WB5K2V1434301  | BUICK   | REGAL  | 1997  |  |   |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used          | Dealer's Name<br>City _____ State _____ Zip Code _____                                    | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic      | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input 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 | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<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<br><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 type="checkbox"/> Other _____ |

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

|                       |  |  |  |
|-----------------------|--|--|--|
| Component<br>05100000 | Part Name(s)<br>ENGINE                         | 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>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 Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|--|

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

WHILE TRAVELING AND WITHOUT ANY INDICATION VEHICLE WOULD STALL AT ANY SPEED. PLEASE PROVIDE FURTHER INFORMATION. \*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.



# Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

Work Number: 708738  
 Home Number: [Redacted]

Signature of Owner: [Redacted]  
 Date Received: 10/1/01

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 2G4WB5K2V1434301  
 Vehicle Make: BUICK  
 Vehicle Model: REGAL  
 Vehicle Year: 1997  
 Current Odometer Reading: 57,889.2

Purchase Date: 01/22/01  
 Dealer's Name: RUDOLPH OLDS CADILLAC TRUCK  
 City: Martinsville VA Zip Code: 24112

Transmission Type:  Automatic  
 Restraint System:  3-Point Belt  
 Cruise Control:  Yes

Failed Component(s)/Part(s) Information:  
 ENGINE 05100000  
 Location: Front  
 Failed Part(s): Original Replacements

No of Failures: 8  
 Dates of Failures: 1998-1999  
 Mileage at Failure(s): 50,000  
 Vehicle Speed at Failure(s): 45 MPH

## APPLICATION INCIDENT INFORMATION

Crash:  Yes  
 Fire:  No  
 Number of Persons Injured: 0  
 Number of Fatalities: 0  
 Total Property Damage: 0

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

CON: PLEASE RETURN TO POLICE

WHILE TRAVELING AND WITHOUT ANY INDICATION VEHICLE WOULD STALL AT ANY SPEED. PLEASE PROVIDE FURTHER INFORMATION. AK VEHICLE HAS STALLED WHILE IDLING AT TRAFFIC LIGHT, WHILE SLOWING FOR LIGHT, SEEMS TO STALL AT SLOW SPEEDS. SITTING STILL, OR TRAVELING DOWN GRADE, HAS NEVER STALLED AT SPEEDS IN EXCESS OF 50 MPH. BUT HAS MOMENTARILY MISSED, GOING UP GRADE AT SPEEDS IN EXCESS OF 50 MPH. DURING WHICH TIME ACCELERATION WAS BEING APPLIED, HAS SINCE STALLED WHILE ACCELERATING AT SPEEDS IN EXCESS OF 50 MPH. BUT ONLY ONCE.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a voluntary request 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.

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Date Received: 17-AUG-2001  
 RECEIVED IN 571  
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