



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 252**

Date Received

14-SEP-2001

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

Reference No.

896353

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 above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
JA4MR5551M6RJ0099	MITSUBISHI CARIE	MONTERO	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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

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

Component 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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 0	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 0	Number of Fatalities 0	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)

**AIRBAG LIGHT CAME ON DASHBOARD, AND LIGHT STAYED ON FOR A LONG PERIOD OF TIME.  
DEALERSHIP WAS AWARE OF PROBLEM.\*AK**

CONTINUED 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h3>Vehicle Owner's Questionnaire (VOQ)</h3> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 252</b></p> <p>Date Received: <u>01 OCT 10 PM 1:52</u> <u>14-SEP-2001</u> OFFICE: <u>DEFECTS INVESTIGATION</u></p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>Name: [REDACTED] 715439</p>				<p>Reference No. <u>896353</u></p> <p>Work Number _____</p> <p>Phone Number _____</p>	
<p>Do you authorize NHTSA to send you a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorized representative, do you authorize NHTSA to send you a copy of report to the vehicle manufacturer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature of Owner: [REDACTED] Date: <u>9/21/01</u></p>					
<p>Vehicle Ident. No. (VIN) <u>JA4MR551M6RJ0099</u> <small>(windshield on driver's side)</small></p>		<p>Vehicle Make <u>MITSUBISHI CARI</u> Model <u>MONTERO LS</u></p>		<p>Vehicle Year <u>1994</u> Current Odometer Reading <u>083345</u></p>	
<p>Purchase Date <u>07/1/98</u> Dealer's Name <u>Hyannis Mitsubishi, MA.</u></p>		<p>Engine Size (CID/CC/L) <u>3.5L</u> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio <input type="checkbox"/></p>		<p>No. Cylinders <u>6</u></p>	
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>City <u>Hyannis</u> State <u>MA</u> Zip Code <u>02601</u></p>			
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>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 type="checkbox"/> Passengerside Airbag</p>	
		<p>Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	
		<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> 5 Door</p>	
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>					
<p>Component <u>12110000</u></p>		<p>Part Name(s) <u>INTERIOR SYSTEMS PASSIVE RESTRAINT: AIR BAG</u></p>		<p>Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear <input type="checkbox"/> Original Replacement <input checked="" type="checkbox"/></p>	
<p>No. of Failures <u>one</u></p>		<p>Date(s) of Failure(s) _____ Mileage at Failure(s) <u>82000</u> Vehicle Speed at Failure(s) <u>0</u></p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Phoned</u></p>	
<p><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured <u>0</u> Number of Fatalities <u>0</u> Estimated Property Damage <u>Electrical Failure</u> Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p> <p>AIRBAG LIGHT CAME ON DASHBOARD, AND LIGHT STAYED ON FOR A LONG PERIOD OF TIME. DEALERSHIP WAS AWARE OF PROBLEM. *AK Still on months later.</p> <p>Also; The <sup>entire</sup> Keyless Remote Entry System, <sup>that</sup> was replaced under Warranty, upon delivery of this used SUV, has also failed. Dealer states signal Receiver unit in vehicle headliner is now defective &amp; will cost upwards of \$150. to replace &amp; is beyond my means.</p>					
<p><small>CONTINUE ON BACK IF NEEDED</small></p>					
<p><small>The Privacy Act of 1974 (Public Law 93-502) 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.</small></p>					

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

DOT											MANUFACTURER/TIRE NAME	SIZE	

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

The V.I.N. on the dashboard of my '94 Mitsubishi Montero  
 is: J44MR51M6RJ009227. Not This, as listed herein;  
J44MR5551M6RJ0099. That I personally verified today.



☆ U.S. G.P.O.: 1992 - 823-887 / 80286

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

400 Seventh St., S.W.  
 Washington, D.C. 20590

Official Business  
 Penalty for Private Use \$300



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

**BUSINESS REPLY MAIL**  
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
**Information Management Staff NSA-10.01**  
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 Washington, DC 20590



20550+0001

