



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 117

Date Received

17-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897861

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
JA4MW51R01J003349	MITSUBISHI TRUC	MONTERO	2001			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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 1	Date(s) of Failure(s) 12-SEP-2001 33000 Mileage at Failure(s) 40	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 3	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)

WAS TRAVELING 40MPH WHEN ANOTHER'S VEHICLE CAME OUT IN FRONT UNEXPECTEDLY, AND VEHICLE WAS "T" BONED. UPON IMPACT, AIR BAGS FAILED TO DEPLOY. DRIVER SUFFERED ABDOMINAL/ LEG , AND NECK INJURIES; FRONT PASSENGER SUFFERED NECK AND HAND INJURIES; AND REAR PASSENGER SUFFERED RIGHT KNEE AND ARM INJURIES. ALL RECEIVED EMERGENCY TREATMENT AND RELEASED.
*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.

U.S. Department of Transportation National Highway Traffic Safety Administration		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 117		
OWNER INFORMATION (Type or Print)				Date Received 07-OCT-2001	Od or rt_dt od_rt up_ltr	
[Redacted] 721092				Reference No. 897861		
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.				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Signature of Owner [Redacted]				Date ___/___/___		
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located on the windshield on driver's side) JA4MW51R01J003349		Vehicle Make MITSUBISHI TRUC	Vehicle Model MONTERO	Vehicle Year 2001	Current Odometer Reading	
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealers Name City _____ State _____ Zip Code _____		Engine Siz (CID/CC/L)	Turbo <input type="checkbox"/>	Diesel <input type="checkbox"/>	
			No Cylinders _____	Gas <input type="checkbox"/>	Fuel Injectio <input type="checkbox"/>	
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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	Cruise Contro <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <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 <input checked="" type="checkbox"/> Truck SUV
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT		Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures 1	Date(s) of Failure(s) 12-SEP-2001 Mileage at Failure(s) 33000 Vehicle Speed at Failure(s) 40		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 3	Number of Fatalities 0	Estimated Property Damage 25,000	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>WAS TRAVELING 40MPH WHEN ANOTHER VEHICLE CAME OUT IN FRONT UNEXPECTEDLY, AND VEHICLE WAS "T" BONED. UPON IMPACT, AIR BAGS FAILED TO DEPLOY. DRIVER SUFFERED ABDOMINAL/ LEG, AND NECK INJURIES; FRONT PASSENGER SUFFERED NECK AND HAND INJURIES; AND REAR PASSENGER SUFFERED RIGHT KNEE AND ARM INJURIES. ALL RECEIVED EMERGENCY TREATMENT AND RELEASED. *AK</p>						
CONTINUE ON BACK IF NEEDED						
<p>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>						

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

INFORMATION ON TIRE FAILURES (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)

Mitsubishi Motors were notified, and sent out an inspector
the test was done on the vehicle but the machine requested
nothing. The inspector ordered a new machine and we
are still waiting the result. The sensors for
the air bags were pushed into the epicycle.
I have the old part. (Sensors)

☆ U.S. G.P.O.: 1992-423-887 / 80285

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20580

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATIONALLY TRAFFIC SAFETY ADMIN.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590