



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 1220

Date Received

27-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899495

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		
UNKNOWN	MITSUBISHI	MIRAGE	1999			
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 checked="" type="checkbox"/> Yes <input 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 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 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	Dates of Failure(s) _____ Mileage at Failure(s) 30000 Vehicle Speed 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS INVOLVED IN A 20 MPH FRONTAL COLLISION IN WHICH DRIVER'S AND PASSENGER'S AIR BAGS DID NOT DEPLOY, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.*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.



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)

727688

Reference No
899495

Od. or
Ret. dt.
Ret. dt.
Ret. dt.
Ret. dt.

NOV-2001

AGENCY USE ONLY 1220

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: [Redacted] Date: 12/12/2001

Vehicle Ident. No. (VIN) (13-17 char. portion of windshield on driver's side)	UNKNOWN TRAY II R9X400397
Vehicle Make	MITSUBISHI
Vehicle Model	MIRAGE
Vehicle Year	1999
Current Odometer Reading	24,444

Purchase Date	23 JAN 1999
Dealers Name	TRIND MOTORS
City	CAGUAR
State	PR
Zip Code	00970
Engine Size (CID/CC)	
Engine Type	Turbo Diesel Gas Fuel Injection
Transmission Type	Automatic
Antilock Brakes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Restraint System	3-Point Belt <input checked="" type="checkbox"/> Driver Side Airbag <input checked="" type="checkbox"/> Passenger Side Airbag <input checked="" type="checkbox"/>
Drive Train	Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Other <input type="checkbox"/>
Vehicle Type	Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sport UT <input type="checkbox"/> Body Style
Body Style	2 Door <input checked="" type="checkbox"/> 4 Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck <input type="checkbox"/>

Component	12111000
Part Name(s)	INTERIOR SYSTEM; PASSENGER RESTRAINTS; AIR BAG; FRONT
No of Failures	NOV 6 2001
Date(s) of Failure(s)	30000
Mileage at Failure(s)	APPROX 25 to 30 Miles
Vehicle Speed at Failure(s)	Failed Part(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Previously	Yes <input type="checkbox"/> No <input type="checkbox"/>

Cash	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Persons Injured	1
Number of Fatalities	0
Estimated Property Damage	\$3,913.15
Reported to Police	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(s) on the back of this form)

VEHICLE WAS INVOLVED IN A 20 MPH FRONTAL COLLISION IN WHICH DRIVERS AND PASSENGERS AIR BAGS DID NOT DEPLOY, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.

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.

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PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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