



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue
or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received	01-28-01	Q1-u	_____
Reference No.		Q1-v	_____
		Q1-w	_____
		Q1-x	_____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
JAYLS31P9WP018124		Mitsubishi Montero Sport	Montero Sport		1998
VEHICLE MANUFACTURER					
<input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <u>Mitsubishi</u> <input type="radio"/> DaimlerChrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
		Leger's Auto Sales	Waco	TX	
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
	<input type="radio"/> Turbo <input type="radio"/> Fuel Injector	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Driver's Side Airbag <input type="radio"/> 2 Point Belt <input checked="" type="radio"/> Passenger Side Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt
NO. OF CYLINDERS <u>16</u>					CRUISE CONTROL
					<input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN		VEHICLE TYPE		DOORS	BODY STYLE
<input type="radio"/> Front <input type="radio"/> 4-Wheel		<input type="radio"/> Car <input checked="" type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other		<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input checked="" type="radio"/> Hardtop <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Station wagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).																					
<input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input checked="" type="radio"/> Heater/Defrost/Ventilator <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Elements <input type="radio"/> Other <u>Defrost Over heated and broke back glass</u>	<table border="1"> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9		
	1	2	3	4	5	6	7	8	9														
	1	2	3	4	5	6	7	8	9														
INCIDENT DATE	MILEAGE AT INCIDENT	TIRE NAME	COMPLETE TIRE SIZE																				
10-13-01																							
VEHICLE SPEED AT INCIDENT	FAILED PART(S)	TIRE BRAND																					
55	<input checked="" type="radio"/> Original <input type="radio"/> Replacement	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input checked="" type="radio"/> Yokohama <input type="radio"/> Other																					
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?																					
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																					

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT																				
	<input checked="" type="radio"/> Yes <input type="radio"/> No	<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<input type="radio"/> Wear/Overloaded/ Rust <input type="radio"/> Weak/Rear Hit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Brattled/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Nobby <input type="radio"/> Leaks <input checked="" type="radio"/> Short I Guess? <input type="radio"/> Locks/Sticks/Crabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
0	1	2	3	4	5	6	7	8	9															
0	1	2	3	4	5	6	7	8	9															
	FIRE	NUMBER OF FATALITIES	Cause back glass to shatter.																					
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9		
0	1	2	3	4	5	6	7	8	9															
0	1	2	3	4	5	6	7	8	9															

PLEASE DO NOT WRITE IN THIS AREA



05262

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

I was driving down the highway about 55mph. I could smell something like plastic burning. I had my back defrost on at the time. A few seconds later ~~my~~ I heard this loud sound and when I looked back my back hatch glass was shattered. There was no other vehicle around so I know it was my defroster that was heated. It left a orange looking spot on the glass where the defroster connects to the glass.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Purpose: Law 93-579. The information requested is subject to scrutiny under the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this request. 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 a recall, you will be notified. If you are a manufacturer, your response, if a detailed summary sheet, may be used in support of the agency's action.

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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



The address on the

Invoice



My work address, that is where they came to change the glass out

BUSINESS
FIRST-CLASS MAIL

POSTAGE WILL BE PAID

U.S. Department
National Highway
Office of Defect
400 7th Street,
Washington, DC

Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(V00)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(B)(6)

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