



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

Data Feedback: 2-15-02	Order: _____
Reference No.:	Set: _____
	CD: _____
	UP: _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) JA4GJ51SXLJ015140	VEHICLE MAKE M. TRUBISHI	VEHICLE MODEL MONTERO	MANUFACTURE DATE 031990	MODEL YEAR 1990
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Daewoo/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW <input checked="" type="checkbox"/> Other M. TRUBISHI				<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/> (7) <input type="checkbox"/> (8) <input type="checkbox"/> (9)
PURCHASE DATE <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME	CITY	STATE WA	ZIP CODE
ENGINE SIZE CC/D/CAL	FUEL SYSTEM NO. CYLINDERS 6	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			RESTRAINT SYSTEM <input type="checkbox"/> Driverside Air bag <input type="checkbox"/> Passengerside Air bag <input checked="" type="checkbox"/> 3 Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Sport Utility	<input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	DOORS <input type="checkbox"/> 2 Door <input checked="" type="checkbox"/> 4 Door	BODY STYLE <input type="checkbox"/> Hardback <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Sedan <input checked="" type="checkbox"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Clutch/Seat <input type="checkbox"/> Electrical Lights & Alarms <input checked="" type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	NO. OF FAILURES <table border="1"> <tr><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>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	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).
	1	2	3	4	5	6	7	8	9											
	1	2	3	4	5	6	7	8	9											
	INCIDENT DATE JUN 12, 2001	TIRE NAME																		
MILEAGE AT INCIDENT 140,000	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____																			
VEHICLE SPEED AT INCIDENT 25 MPH	COMPLETED TIRE SIZE																			
FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PERSONS INJURED <table border="1"> <tr><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>	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corrosion/Rust <input type="checkbox"/> Wear/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Nuisance <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grips <input type="checkbox"/> Stability/Vibration <input checked="" type="checkbox"/> Unknown	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Skids <input type="checkbox"/> Sudden Acceleration
	1	2	3	4	5	6	7	8	9														
0	1	2	3	4	5	6	7	8	9														
FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <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



05704

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

THE BOLT ON THE FRONT OF THE CRANKSHAFT BROKE OFF, CAUSING THE ALLEY TO PULL TO THE LEFT OFF, RESULTING IN LOSS OF POWER STEERING AND LOSS OF VEHICLE CONTROL. I SPUN AROUND, WENT DOWN AN EMBANKMENT BACKWARDS, HIT SEVERAL TREES WHICH STOPPED THE VEHICLE, SPUN ME AROUND AND HIT SOME THINGS WITH MY BACK CHAIR. A CRACK IN MY LEFT VERTEBRATE, M. THURMAN'S THIS ONE OCCURRED IN 1992 + LATER CAR'S AND REPAID AND ASSISTANCE AT THEIR SUGGESTION I HAD IT TOWED 150 MILES, THEN TO BE TOLD THEY WOULD NOT ADDRESS THIS ISSUE

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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.

Make Form 350 (Rev. 8/93) HS Form 350 (Rev. 8/93) NHTSA Form 350 (Rev. 8/93) © Copyright 1999 by National Computer Systems, Inc. All rights reserved. Printed in U.S.A.

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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



VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

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