



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received: 2003 AUG 15 PM 3:03  
19-JUL-2003  
Repository   
Reference No.  
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**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: Chesapeake State VA Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 8/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number (located on front of dashboard on driver's side): JH1TA2222Y1608239  
Make: MAZDA Model: MILLENIA S Model Year: 2000  
Date Purchased: Feb-27-01 Dealer's Name and Telephone Number: First Team 757 4205450  
Original Owner:  Dealer's City: Chesapeake State: VA Zip Code: 23320 Engine: V6 No. of Cylinders: 6 Fuel Type: [Redacted]  
Transmission Type:  Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 063200 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM; MANIFOLD  
 Cruise Control Multiple Failure: 1

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

Incident Date(s): \_\_\_\_\_ Failure Mileage: \_\_\_\_\_ Failure Speed: \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P215/65R15): \_\_\_\_\_  
DOT No. (Example: DOTM15A9C036): \_\_\_\_\_  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code: \_\_\_\_\_ The Failure Type: \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_  
Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_  
Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_ Reported to Police: N

Alternative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES WHEN STARTING THE VEHICLE AT A COLD START AFTER ENGINE HAS COOLED WHITE SMOKE IS COMING OUT OF THE TAIL PIPE. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.