



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 1367

Date Received
2003 DEC -2 AM 11:38
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OWNER INFORMATION (Type or Print)

Name _____
Address _____
City KNOXVILLE State TN Zip Code _____

Daytime Telephone Number _____
Evening Telephone Number _____
E-mail Address _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature or address to the vehicle manufacturer.
Signature of Owner _____ Date 11/12/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1YVGF22C8Y513415D
Make MAZDA Model 626 Model Year 2000
Date Purchased 2000 Dealer's Name and Telephone Number MAZDA KNOXVILLE
Original Owner Dealer's City Knoxville State TN Zip Code 37923
Transmission Type Manual Antilock Brakes Cruise Control Powertrain _____
Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, ...
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10/5/2003 Failure Mileage 43000 Failure Speed ~50 MPH

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: DOTM1A9ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire 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 0 Number of Deaths 0 Reported to Police N

Narrative 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).

WHILE DRIVING VEHICLE STARTED LEAKING GAS. THIS COULD HAVE RESULTED IN A FIRE IF IT WENT UNNOTICED. DEALERSHIP INDICATED THAT THIS WAS CAUSED BY GAS LINE BREAKING. *AK

INCIDENT WAS PRECEDED BY STRONG ODOOR OF GAS. VEHICLE WAS TRAILING A STREAM OF GAS AND MADE A LARGE PUDDLE OF GAS WHEN STOPPED. GAS WAS POURING OUT FROM UNDERNEATH THE CAR. HAD NEVER BEEN IN AN ACCIDENT AND WAS REGULARLY MAINTAINED BY THE DEALER. DEALER REPAIRED GAS LINES AS GOODWILL GESTURE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

This 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.