



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

2006 DEC 27 PM 2:17
23-NOV-2005

Repository

Reference No.
10143530

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: GLENDALE State: AZ Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4F4CR16U [REDACTED]
Make: MAZDA Model: B-SERIES TRUCK Model Year: 1994
Date Purchased: 01-JUN-97 Dealer's Name and Telephone Number: _____ Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, ...
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-FEB-2003 Failure Mileage: 72000 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: DOTM16ABC036) 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: _____

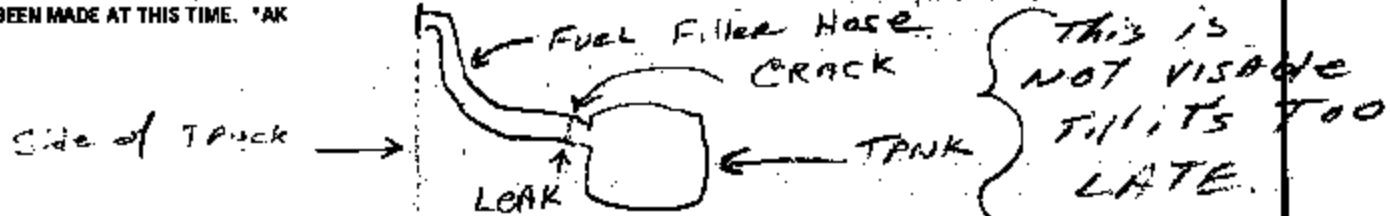
APPLICABLE INCIDENT INFORMATION

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

Crash: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ 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).

DT: THE CONTACT STATED THE FUEL FILLER HOSE CRACKED WHICH RESULTED IN A LEAK. WHEN ATTEMPTING TO FILL THE FUEL TANK THERE WAS A LARGE AMOUNT OF GASOLINE THAT LEAKED AROUND THE FILLER NECK AND FORMED A LARGE PUDDLE UNDERNEATH THE VEHICLE. THE FILLER HOSE WAS PREVIOUSLY REPLACED BY AN INDEPENDENT REPAIR SHOP, BUT THE HOSE CRACKED AGAIN. NO FURTHER REPAIRS HAVE BEEN MADE AT THIS TIME. *AK



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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

IN November 2005 I CALLED A MECHANIC AND HE SAID THE '94 B-3000 MAZDA & 94 FORD RANGER XLT ARE IDENTICAL PROBLEM: FORD HAS CHANGED FUEL FILLER DESIGN AND CHARGES \$100 MORE (\$275) FOR HOSE. LABOR IS ABOUT \$200.

IF YOU WOULD LIKE TO SEND AN INVESTIGATOR PLEASE FEEL FREE.

DUE TO ~~ONE~~ TRUCK INSPECTION DUE BY FEB 06 PLEASE REPLY ASAP.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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QUESTIONNAIRE**

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and dial toll free at

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(DASH) 2 DOT



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