



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

2007 DEC 2

FOR AGENCY USE ONLY 100148

Date Received

Repository []

2 PM 12:46
14-SEP-2007

Reference No.
10203004

OWNER INFORMATION (Type or Print)

Name

Address

City

STUART

State

FL

Zip Code

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?

[X] YES

[] NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 9/24/07

PLEASE DO!

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's

1YVGF22C4X5

MAZDA

Model

626

Model Year

1999

Date Purchased

21-NOV-05

Dealer's Name and Telephone Number

GOOD RIDES / USED CARS 772-288-2285

Engine:

No: Cylinders 16

Fuel Type:

Gas

Original Owner []

Dealer's City

STUART, FL

State

FL

Zip Code

34997

4

Transmission Type

AUTOMATIC

[X] Antilock Brakes

[X] Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

061000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-AUG-2007

Failure Mileage

72000

Failure Speed

45

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: DOTM19ABC036)

[] 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 [X] No

Fire

[] Yes [X] 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).

TL*THE CONTACT OWNS A 1999 MAZDA 626. WHILE DRIVING 45 MPH, THE VEHICLE SUDDENLY LOST ALL POWER. THE VEHICLE WAS TOWED TO A MECHANIC AND HE STATED THAT THE INTERNAL SPRING IN THE TIMING BELT FAILED. THE FAILURE WAS SIMILAR TO THAT OF NHTSA CAMPAIGN ID NUMBER 00V134000 (ENGINE AND ENGINE COOLING:ENGINE), HOWEVER, THE VIN WAS NOT INCLUDED. THE VEHICLE WAS REPAIRED. THE CURRENT AND FAILURE MILEAGES WERE 72,000.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The 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 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)

ACCORDING TO MY RESEARCH 31,000 OF THIS VEHICLE WERE RECALLED TO REPLACE INTERNAL SPRING IN TIMING BELT THAT BREAKS CAUSING THE VEHICLE'S ENGINE TO SHUT DOWN.

RECALLED MAZDA 626 WERE BUILT BETWEEN AUGUST 22ND 1997 - AUGUST 28TH 1998. MY VEHICLE WAS BUILT IN SEPT 1998, SOLD AS A 1999 MODEL & I'M BEING TOLD IT IS NOT COVERED UNDER THE RECALL. REPAIR COSTS ON MY VEHICLE WILL EXCEED \$1,300.00 DUE TO THE DAMAGE THIS SPRING & TIMING BELT CAUSE TO THE ENGINE. VEHICLE'S ENGINE STOPPED ON U.S. Hwy #1 & HAD TO BE

ATTACH ADDITIONAL SHEETS IF NECESSARY. TOWED, OFF ROADWAY

WEST PALM BCH FL 334

25 SEP 2007 PM 1 11

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

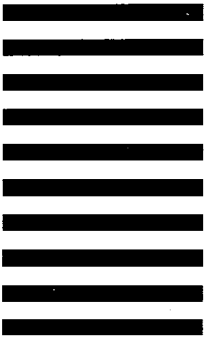
Official Business
Penalty for Private Use \$300

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-210
400 7th Street, SW
Washington, DC 20590



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



people saving people

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

safercar.gov