



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 336

Date Received

10-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000477

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield and door frame)		Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08540000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 08-DEC-2001 Mileage at Failure(s) 3200 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE STOPPED. CONSUMER HAS CONTACTED DEALER, AND THEY WERE AWARE OF PROBLEM, AND WAITING TO HEAR FROM MANUFACTURER. CONSUMER FEELS UNSAFE DRIVING VEHICLE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

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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 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.



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Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1058

Date Received

21-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000477

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location at bottom of and/or driver's door frame)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4A3AA46GX1E		MITSUBISHI	GALANT	2001	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L 4 CYL	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07380000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:COOLING UNIT AND	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 11-JAN-2002 Mileage at Failure(s) 1 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE EXPERIENCED FIRE IN THE ENGINE COMPARTMENT, POSSIBLY CAUSED BY A FAULTY TRANSMISSION COOLER LINE, CLAIM 43-R857-994. *SLC

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

335

Defects Investigation
08-DEC-2001
08-DEC-2001

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

8000477

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize
in the absence
Signature of Owner

☒ YES ☐ NO
the vehicle manufacturer.

Date 12/19/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4F2YU0914ZKM1087		MAZDA TRUCK	TRIBUTE	2002	3540
Purchase Date	Dealer's Name		Engine Size	☐ Turbo	
☐ New ☒ Used	MARTIN		1000/CC	☐ Diesel	
	City	State	Zip Code	☐ Gas	
	NEWARK	DE.	19713	☐ Fuel Injection	
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
☐ Manual	☒ Yes	☒ 3-Point Belt		☒ Yes	☒ Front
☒ Automatic	☐ No	☐ Motorbelt		☐ No	☐ Rear
		☒ Driverside Airbag			☐ 4-Wheel
		☒ Passengerside Airbag			
Vehicle Type		Body Style			
☒ Sport Utility		☐ 2-Door			
☐ Truck		☐ 4-Door			
☐ Minivan		☐ Stationwagon			
☐ Other		☐ Pick Up			
		☒ Truck			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
08540000	ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	☐ Left Front ☐ Right Rear	☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	08-DEC-2001	☐ Yes ☐ No	☐ Yes ☒ No
	Mileage at Failure(s)		
	3200		
	Vehicle Speed at Failure(s)		
	45 mph.		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	0	☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE STOPPED. CONSUMER HAS CONTACTED DEALER, AND THEY WERE AWARE OF PROBLEM, AND WAITING TO HEAR FROM MANUFACTURER. CONSUMER FEELS UNSAFE DRIVING VEHICLE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

Engine cut out along with all power - no brakes, no power steering - car was still rolling.

CONTINUE ON BACK IF NEEDED

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NUMBER

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TO

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