

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**  
 U.S. Department of Transportation  
**National Highway Traffic Safety Administration**  
 NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
10-JAN-2000	
Reference No. <b>717157</b>	

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) <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1YVGE22CX5305010	MAZDA	626	1995			
Purchase Date <b>01-JUN-1998</b>	Dealer's Name _____		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06300000 07300000	Par. Name(s) <b>FUEL:FUEL INJECTION SYSTEM POWER TRAIN:TRANSMISSION:AUTOMATIC</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures <b>1</b>	Date(s) of Failure(s) <u>15-DEC-1998</u> Mileage at Failure(s) <u>43000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

THE VEHICLE WAS PURCHASED USED IN 1998. SHIFTING ALWAYS SEEMED A PROBLEM. TEN MONTHS AFTER THE PURCHASE, THE VEHICLE STARTED HESITATING AT HIGH SPEEDS. THE FUEL SYSTEM WAS CHECKED A NUMBER OF TIMES AND IT WAS LATER DETERMINED THAT IT WAS A TRANSMISSION PROBLEM. WHILE THE DEALER WAS TEST DRIVING THE VEHICLE, THE VEHICLE WAS INVOLVED IN AN ACCIDENT. THE TRANSMISSION WAS REPLACED. IT LASTED ABOUT ONE MONTH AND THE REPLACED TRANSMISSION WAS REPLACED WITH THE CURRENT TRANSMISSION WHICH IS THE THIRD ONE IN THIS AUTOMOBILE. TWO MONTHS LATER, A HESITATION WAS NOTED AT LOW SPEEDS WHEN THE GAS TANK WAS BELOW HALF FULL AND TAKING A LEFT TURN. THE CAR IS CURRENTLY HAVING THE FUEL PUMP AND SENDING UNIT REPLACED.

CONTINUED ON BACK (REVERSE)

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.