Form Approved: OMB No. 2127-0042

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 1367

Date Received: 24-MAY-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8010487

[redacted]

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 on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
4F4CR12AOBTMI4696	MAZDA TRUCK	B2300	1997	

Purchase Dat: ☒ New ☐ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	24-APR-2002		
	Mileage at Failure(s 100	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s) _____		

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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

TRANSMISSION SLIPS WHEN DRIVING , HARD TO ACCELARATE.*AK

CONTINUED ATTACHMENT

Form Approved: O.M.B. No. 2127-0008

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 1367

Date Received:
24-MAY-2002
OFFICE DEFECTS INVESTIGATION

Od_or [redacted]
rt_dt
od_rt
up_ltr

Reference No.
8010487

OWNER INFORMATION (Type or Print)

[redacted] [redacted] 755714

APPLE VALLEY CA [redacted]

Work Numbe [redacted]
Home Numbe

Do you authorize NHTSA to [redacted] of your vehicle? ☒ YES ☐ NO
In the absence of an a[redacted] and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 6/6/02

VEHICLE INFORMATION

Vehicle Identi. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readi
4F4CR12AOBTMI4696	MAZDA TRUCK	B2300	1997	79970

Purchase Date: may 1997 ☒ New ☐ Used
Dealer's Name: Romero motors ONTARIO CA
City: ontario State: CA Zip Code: 91761
Engine Siz (CID/CC/L: ___ No Cylinders: 4
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☒ Sport Ult ☒ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Staticnwagon ☒ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☒ Left ☐ Right ☒ Front ☒ Rear	☒ Original ☐ Replacement

No of Failures
Date(s) of Failure(s): 24-APR-2002
Mileage at Failure(s): 100
Vehicle Speed at Failure(s): 15 - one hour
Failed Part(s): ☒ Yes ☐ No
NHTSA Previously: ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please descr be in detail the Incident(s), Fa lure(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				☐ Yes ☐ No

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

TRANSMISSION SLIPS WHEN DRIVING , HARD TO ACCELARATE.*AK

CONTINUE ON BACK IF NEEDED