



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

19-JUN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.


8012175

**OWNER INFORMATION (Type or Print)**

MEENA	GURBANI	759915
12220 VISTA CREST DRIVE		
YUCAIPA	CA	92399

Work Number 909-389-03333

Home Number

 <p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 1367</b></p> <p>Date Received: <u>19-JUN-2002</u></p> <p>OFFICE DEFECTS INVESTIGATION</p> <p>Ref. No. <u>8012175</u></p> <p>Work Number <u>909-389-03333</u></p> <p>Home Number _____</p>				
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>MEENA GURBANI 759915 12220 VISTA CREST DRIVE YUCAIPA CA 92399</p>						
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner <u>[Signature]</u> Date <u>08/30/02</u></p>						
<p><b>VEHICLE INFORMATION</b></p>						
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Model	Vehicle Year	Current Odometer Reading		
1YVGF22C925287492	MAZDA	626	2002	7400		
Purchase Date <u>5/11/2002</u>	Dealer's Name <u>Redlands Auto Center</u>		Engine Siz (CID/CC)	<input type="checkbox"/> Turbo Diesel Fuel Injectio		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Redlands</u> State <u>CA</u> Zip Code <u>92374</u>	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>						
Component <u>02170000</u>	Part Name(s) <u>SUSPENSION:INDEPENDENT FRONT:BEARING WHEEL</u>	Location	Failed Part/s			
		<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
<p>Number of Failures _____</p>		<p>Failed _____</p>		<p>NHTSA _____</p>		