

U.S. Department
of TransportationNational 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

197

Date Received

19-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865710

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1YVGE22CXS5324592	MAZDA	626	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inlulubelt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input 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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures 0	Date(s) of Failure(s) 17-JUL-2000 Mileage at Failure(s) 130000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE STOPPING CONSUMER COULD NOT MOVE THE PAWL FROM PARK TO DRIVE OR TO ANY OTHER POSSITION.*AK

CONTINUE ON BACK IF NEEDED

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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WHILE STOPPING CONSUMER COULD NOT MOVE THE PAWL FROM PARK TO DRIVE OR TO ANY OTHER POSITION. AK

When car is started numerous times I have been unable to shift from park to any other gear. This has been occurring for the past 4-6 mos. Once in gear i.e. drive or reverse the problem no longer exists. Failure to shift is intermittent & unusual after pumping the brake, resting the car, shifting the shift lever. It will throw it into base. After shifting

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

Crash	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	0	Number of Fatalities	0	Estimated Property Damage		Reported to Police	<input type="checkbox"/> Yes <input checked="" 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)

No of Failures	0	Date(s) of Failure(s)	17-JUL-2000	Message at Failure(s)	100000	Vehicle Speed at Failure(s)	0	Failed Part(s) Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	07300000	Part Name(s)	POWER TRAN:TRANSMISSION:AUTOMATIC	Location	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right	Failed Part(s)	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input checked="" type="checkbox"/> 2-Point Belt	Passenger Side Airbag	<input type="checkbox"/> Passenger Side Airbag	Crash Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	Engine Size (CID/L)	4	No Cylinders	4
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Purchase Date	5/95	Dealer's Name	Quality Automotive	City	Clackamas	State	OR	Zip Code	97006
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Vehicle Ident. No. (VIN)	1YVGE22CXS8324892	Vehicle Make	MAZDA	Vehicle Model	626	Vehicle Year	1996	Current Odometer Reading	108749
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VEHICLE INFORMATION

Signature of Owner: [Redacted]

Date: 8/8/00

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Home Number	[Redacted]	Work Number	[Redacted]
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OWNER INFORMATION (Type or Print)

621562

865710

DEFECTS INVESTIGATION DIVISION

19-JUL-2000 00 AUG 15 PM 3:12

DATE RECEIVED

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