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 120

Date Received: 24-AUG-2001

Od_or
rt_dt
od_rt
op_ltr

Reference No.: 895178

[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
	MAZDA TRUCK	MPV	1993	

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
06113000	FUEL:FUEL TANK ASSEMBLY:TANK	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
0	01-AUG-200 Mileage at Failure(s) 0	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☒ Yes ☐ No	0	0		☐ Yes ☒ No

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

CONSUMER WAS DRIVING THEN STOPPED TO FILL UP WITH GAS. BUT SOON AS HE PUT PUMP INTO FUEL TANK AND TURNED IT ON IT IGNITED. *AK

CONTINUED ON REVERSE

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)

NAT ONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 120

Date Received
01 SEP 10 PM 2:
31-AUG-2001
OFFICE
DEFECTS INVESTIGATION

Od_or
p_dt
od_rt
up_ltr

Reference No.
895178

OWNER INFORMATION (Type or Print)

[redacted] 710629

Work Number
Home Number [redacted]

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

Signature of Owner [redacted] Date 9/2/01

VEHICLE INFORMATION

Vehicle Identif. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	MAZDA TRUCK	MPV	1993	

Purchase Date
[ ] New [X] Used

Dealer's Name
City State Zip Code

Engine Siz (CID/CC/L
No Cylinders
[ ] Turbo [ ] Diesel [ ] Gas [ ] Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
[ ] Manua [ ] Automatic	[ ] Yes [X] No	[ ] 3-Point Belt [ ] Motorbelt [ ] Driverside Airbag [ ] 2-Point Bel [ ] Passengerside Airbag	[ ] Yes [X] No	[ ] Front [ ] Rea [ ] 4-Wheel	[ ] Car [ ] Sport Ut [ ] Van [ ] Truck [ ] Minivan [ ] Motorcycle [ ] Other	[ ] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up [X] Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06113000	FUEL:FUEL TANK ASSEMBLY:TANK	[ ] Left [ ] Front [ ] Right [ ] Rear	[ ] Original [ ] Replacemen

No of Failures: 0

Date(s) of Failure(s) 01-AUG-2001
Mileage at Failure(s)
Vehicle Speed at Failure(s) 0

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
[ ] Yes [X] No	[X] Yes [ ] No	0	0	$400.	[ ] Yes [X] No

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

CONSUMER WAS DRIVING THEN STOPPED TO FILL UP WITH GAS. BUT SOON AS HE PUT PUMP INTO FUEL TANK AND TURNED IT ON IT IGNITED. *AK

CONTINUE ON BACK IF NEEDED