



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue  
or black ink pen only.

CORRECT MARK: ●

## FOR AGENCY USE ONLY

Date Received

7-10-00

Odb

ri-rt

Reference No.

oxt-l

up-ltr

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)		VEHICLE MAKE		VEHICLE MODEL		MANUFACTURE DATE		MODEL YEAR	
1G1NE52J7XY157863		Chevrolet		Malibu				1999	
VEHICLE MANUFACTURER									
<input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW									
PURCHASE DATE		DEALER'S NAME		CITY		STATE		ZIP CODE	
9/24/99		J.B.A.		Glen Burnie		Md.		21061	
ENGINE SIZE		FUEL SYSTEM		FUEL TYPE		TRANSMISSION TYPE		ANTILOCK BRAKES	
100/00/L/3.1		<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection		<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas		<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NO. CYLINDERS		RESTRAINT SYSTEM		CRUISE CONTROL					
6		<input checked="" type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2 Point Seat <input checked="" type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorcyclist <input type="checkbox"/> 3-Point Belt		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
DRIVETRAIN		VEHICLE TYPE				DOORS		BODY STYLE	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> 4 Wheel <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle				<input type="checkbox"/> 2 Door <input checked="" type="checkbox"/> 4 Door		<input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Station-wagon	

## FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System/Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input checked="" type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES		To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).	
	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9			
	INCIDENT DATE		TIRE NAME	
	6/17/00			
MILEAGE AT INCIDENT		TIRE BRAND		
1005 mph		<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other		
VEHICLE SPEED AT INCIDENT		COMPLETE TIRE SIZE		
10-15 mph				
FAILED PART(S)				
<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement				

HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Evaluate/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Brake	<input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



01691

**Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.**

My wife and I purchased the  
Mazda on 9/24/99, in Dec of 99  
when the brake was applied the front  
end would shake badly. On Dec 24/99  
ABA replaced the entire axle. In  
June of 2000 I again called about  
the same problem. This was on June 15, 2000.  
I was to take the car in on June 22, 2000  
to be serviced. On June 17, 2000 I  
had my family in the car and when  
I went to stop for a red light with  
a car in front of me the brake  
went from left way to the floor.  
I pumped the brake to try and stop  
however the car did not stop.  
After talking with D. M. they tell  
me that there is no problem with  
the brake. On June 17, 2000 the  
brake in the car did not stop.  
I also feel that a car only 9 months  
old with 14,000 miles should never  
have needed another set of rotors on it  
and even maybe another

Continue on additional page if necessary.

**Describe any additional incidents. (include date and message)**

**The Privacy Act of 1974—Public Law 93-502** 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. The NHTSA processes 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.

Mazda Form by NCS EW-220208-1-04-021 H1106 Printed in U.S.A.

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HS Form 369 (Rev. 9/98)

# VEHICLE OWNER'S QUESTIONNAIRE (V00Q)



## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

### DASH 2 DOT

and dial toll free at

## 1-888-DASH-2-DOT

1-888-327-4236

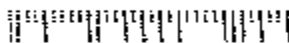
U.S. Department of Transportation  
DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

Complete and return or place in your car manual for future use



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

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