



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: 6/29/00  
Reference No. \_\_\_\_\_  
O-0 \_\_\_\_\_  
R-0 \_\_\_\_\_  
D-0 \_\_\_\_\_  
I-0 \_\_\_\_\_

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) F4CR112A9STM043251 VEHICLE MAKE MAZDA VEHICLE MODEL SE5 MANUFACTURE DATE MAY 94 MODEL YEAR 1995

VEHICLE MANUFACTURER  
 BMW  Ford  Honda  Nissan  Subaru  Volvo  Other MAZDA  
 Daimler/Chrysler  General Motors  Hyundai  Isuzu  Toyota  VW

PURCHASE DATE  New  Used  
 DEALER'S NAME Bill Britt Mazda CITY Fredericksburg STATE VA ZIP CODE \_\_\_\_\_  
 ENGINE SIZE 2.3 FUEL SYSTEM  Turbo  Fuel Injection FUEL TYPE  Diesel  Gas TRANSMISSION TYPE  Manual  Automatic ANTILOCK BRAKES  Yes  No RESTRAINT SYSTEM  Driverside Airbag  2-Point Belt  Passengerside Airbag  Motorbelt  3-Point Belt CRUISE CONTROL  Yes  No

DRIVETRAIN  Front  4-Wheel  Rear  
 VEHICLE TYPE  Car  Minivan  Truck  Other \_\_\_\_\_  
 Van  Sport Utility  Motorcycle  
 DOORS  2-Door  4-Door BODY STYLE  Hatchback  Sedan  Pick Up Truck  Stationwagon

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

COMPONENT  Child Seat  Electric Lights & Alarms  Engine & Cooling System  Exhaust  Fuel System, Exhaust  Heater, Defrost, Ventilation  Interior  Parking Brake  Power Train  Service Brakes  Steering  Structure  Suspension  Visual Systems  Other \_\_\_\_\_

NO. OF FAILURES  
 0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

INCIDENT DATE All the time TIRE NAME \_\_\_\_\_ COMPLETE TIRE SIZE \_\_\_\_\_  
 MILEAGE AT INCIDENT Since new TIRE BRAND \_\_\_\_\_  
 VEHICLE SPEED AT INCIDENT Any speed  BF Goodrich  Cooper  Firestone  Goodyear  Kelly Springfield  Michelin  Yokohama  Other \_\_\_\_\_

FAILED PART(S):  
 Original  Replacement

HANDICAPPED ADAPTIVE  Yes  No FAILED PART(S) AVAILABLE?  Yes  No NHTSA PREVIOUSLY CONTACTED?  Yes  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  Yes  No  
 FIRE  Yes  No

NUMBER OF PERSONS INJURED  
 0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

NUMBER OF FATALITIES  
 0  1  2  3  4  5  6  7  8  9  
 0  1  2  3  4  5  6  7  8  9

CAUSE OF INCIDENT  
 Wear/Corroded/Rust  Noisy  Loose  Short  Locks/Sticks/Grabs  Stability/Vibration  Broken  
 Weak/Poor Fit/Loose  Leaks  Stuck  Stalls  
 Cut/Torn  Slip  Excessive Effort  
 Disconnect/Fell Off  Emission/Poor Performance  
 Erratic/Poor Performance

RESULT OF INCIDENT  
 Explosion/Fire  Loss of Control  Poor Visibility  Inadvertent Start  Rollover  Stalls  Sudden Acceleration

PLEASE DO NOT WRITE IN THIS AREA



05371