



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

FEB 24 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. David Robertson, Manager
Environmental and Safety Engineering
Mazda North American Operations,
1500 Enterprise Drive
Allen Park, MI 48101-2053

NVS-212am
EA02-027

Dear Mr. Robertson:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has upgraded a Preliminary Evaluation (PE01-043) to an Engineering Analysis (EA02-027) to investigate allegations of engine stalling in model year (MY) 2001-2002 Mazda Tributes equipped with 3.0 L V6 engines and manufactured by Mazda North American Operations (Mazda). As part of this investigation, this letter requests certain information from Mazda.

This office is aware of 1,578 complaint reports of alleged engine stalling in MY 2001-2002 Mazda Tributes equipped with 3.0 L V6 engines. One hundred three (103) of those reports have been submitted to ODI through the Agency's Auto Safety Hotline. Fifty-two (52) of those reports had been provided to Mazda under PE01-043. Copies of the additional 51 reports are enclosed for your evaluation. Mazda submitted the balance of the 1,578 reports on May 10, 2002. Of the 1,578 reports, this office is aware of 4 reports of crashes resulting from engine stalling of which 1 was a vehicle-to-vehicle crash and 3 involved hitting a curb or other objects. A copy of each additional report is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all MY 2001-2002 Mazda Tribute vehicles equipped with 3.0 L V6 engines manufactured for sale or lease in the United States.
- **Subject Components:** former and current production Programmable Control Module (PCM), Idle Air Control Valve (IAC), Electronic Engine Control Relay (EEC), and Ignition Switch installed on the subject vehicles.



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-927-4236

- **Mazda:** Mazda North American Operations, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Mazda (including all business units and persons previously referred to), who are or, in or after 1998, were involved in any way with any of the following related to the alleged defect in the subject vehicles:
 - a. design, engineering, analysis, modification or production (e.g. quality control);
 - b. testing, assessment or evaluation;
 - c. consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

- **Alleged defect:** the failure, malfunction, or otherwise unsatisfactory performance of the engine control (i.e., air, fuel, ignition and/or electronic control) system, which may result in engine stalling in the subject vehicles.

- **Document:** "document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar

to any of the foregoing, however denominated by Mazda, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document, which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** to the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Mazda has previously provided a document to ODI, Mazda may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Mazda's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles Mazda has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date, state the following:
 - a. vehicle identification number (VIN);
 - b. make;
 - c. model;
 - d. model Year;
 - e. date of manufacture;
 - f. date warranty coverage commenced; and
 - g. the State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

2. State the number of each of the following, received by Mazda, or of which Mazda is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. consumer complaints, including those from fleet operators;
 - b. field reports, including dealer field reports;
 - c. reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. property damage claims;
 - e. third-party arbitration proceedings where Mazda is or was a party to the arbitration; and,
 - f. lawsuits, both pending and closed, in which Mazda is or was a defendant or codefendant.

For subparts "a" through "c," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and Mazda's assessment of the problem, with a summary of the significant underlying facts and evidence. For item "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. For each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. Mazda's file number or other identifier used;
 - b. the category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. vehicle's VIN;
 - e. vehicle's make, model and model year;
 - f. vehicle's mileage at time of incident;
 - g. incident date;
 - h. report or claim date;
 - i. whether a crash is alleged;
 - j. whether property damage is alleged;
 - k. number of alleged injuries, if any; and,
 - l. number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Mazda used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Mazda to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. Mazda's claim number;
 - b. vehicle owner or fleet name (and fleet contact person) and telephone number;
 - c. VIN;
 - d. repair date;
 - e. vehicle mileage at time of repair;
 - f. repairing dealer's or facility's name, telephone number, city and state or ZIP code;
 - g. labor operation number;
 - h. problem code;
 - i. replacement part number(s) and description(s);
 - j. concern stated by customer; and,
 - k. comment, if any, by dealer/technician relating to claim and/or repair.
6. Describe in detail the search criteria used by Mazda to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Mazda on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) related to the alleged defect that Mazda offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
 7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Mazda has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or

communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that Mazda is planning to issue within the next 120 days.

8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, Mazda. For each such action, provide the following information:
- a. action title or identifier;
 - b. the actual or planned start date;
 - c. the actual or expected end date;
 - d. brief summary of the subject and objective of the action;
 - e. engineering group(s)/supplier(s) responsible for designing and for conducting the action; and,
 - f. a brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, Mazda in the design, material composition, manufacture, quality control, supply, or installation of the subject components, from the start of production to date, which relate, or may relate, to the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
- a. the date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. a detailed description of the modification or change;
 - c. the reason(s) for the modification or change;
 - d. the part numbers (service and engineering) of the original component;
 - e. the part number (service and engineering) of the modified component;
 - f. whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. when the modified component was made available as a service component; and,
 - h. whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Mazda is aware of which may be incorporated into vehicle production within the next 120 days.

10. State the number of each of the following that Mazda has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale including the cut-off date for sales, if applicable:

- a. subject components; and,
- b. any kits that have been released, or developed, by Mazda for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which Mazda is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

11. Provide Mazda's assessment of the alleged defect in the subject vehicle, including:

- a. the causal or contributory factor(s);
- b. the failure mechanism(s);
- c. the failure mode(s);
- d. the risk to motor vehicle safety that it poses;
- e. what warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and,
- f. the reports included with this inquiry.

This letter is being sent to Mazda pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Mazda's failure to respond promptly and fully to this letter could subject Mazda to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If Mazda cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Mazda does not submit one or more requested documents or items of information in response to this information request, Mazda must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

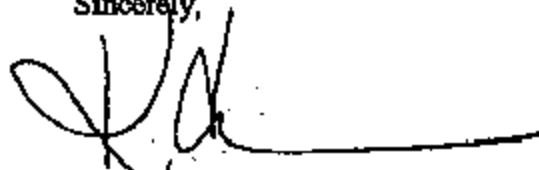
Mazda's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by April 7, 2003. Please refer to EA02-027 in Mazda's response

to this letter. If Mazda finds that it is unable to provide all of the information requested within the time allotted, Mazda must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If Mazda is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Mazda then has available, even if an extension has been granted.

If Mazda claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Mazda must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Mazda is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Mr. Ali Motamedarnin of my staff at (202) 366-7021.

Sincerely,



Kathleen C. DeMeter, Director
Office of Defects Investigation
Enforcement

Enclosures: Enclosure 1, one CD ROM titled Data Collection Disc containing three files
Enclosure 2 VOQ's,

2001 Mazda Tribute:

560295, 747088, 755537, 755548, 753742, 755778, 756852, 757616, 757791, 757831, 758119,
758440, 758696, 760460, 760890, 760934, 763789, 763824, 887600, 893788, 897349, 897360,
897417, 8003279, 8004493, 8007598, 8008304, 8008814, 8008861, 8009231, 8011561,
8013313, 8014217.

Sub total 33

2002 Mazda Tribute:

755168, 755213, 757321, 757567, 758188, 760335, 760859, 761118, 762975, 765414, 765846,
6099622, 8003024, 8003172, 8008036, 8008109, 8008239, 8012309.

Sub total 18

Total 51

2-26-01

Vehicle is at Jopville Mazda after 3rd "shutdown" I refuse to drive it again, 3 life threatening problems is ENOUGH!

Form Approved OMB No. 2127-0028

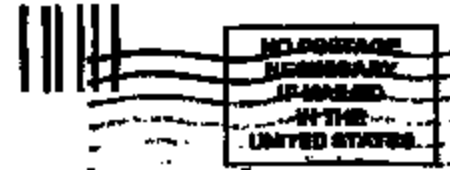
POSTER DOT Auto Safety Hotline Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECT. 1-888-CARSAFETY-DOT 1-800-927-4228 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY Date Received _____ RECEIVED DEFECTS INVESTIGATION 560295	
OWNER INFORMATION (Type or Print) Name _____ Street No. _____ Apt. No. _____ City <u>ORAM</u> State <u>AL</u> Zip Code _____ Do your authorized NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date _____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (17 Digits)	(Located at bottom of windshield on driver's side)	Vehicle Make <u>MAZDA</u>	Vehicle Model <u>TRIBUTE</u>
		Vehicle Year <u>2001</u>	Current Odometer Reading <u>1840</u>
Purchased Date <u>10-18-00</u>	Dealer's Name <u>JOHN CRUMP MAZDA</u>		Engine Size (CID/CC/L)
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>JASPER, AL</u>	State <u>AL</u>	No. Cylinders <u>6</u>
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Artificial Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> 3-Point Belt	Crash Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Drive Shaft <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport U.L. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> Other <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S) INFORMATION			
Component <u>UNKNOWN</u>	Part Name(s) <u>!!!!</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>3</u>	Date(s) of Failure(s) <u>10-27-00, 2-15-01, 2-22-01</u>	Mileage at Failure(s) <u>430, 3787</u>	Vehicle Speed at Failure(s) <u>APPROX. 25 MPH</u>
		Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured <u>0</u>	Number of Fatalities <u>0</u>
		Estimated Property Damage <u>0</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)			
To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, The Size (include all numbers and letters). Note: This information not required for normal operation tires.			
DOT		Manufacturer	Tire Name
			Complete Tire Size
		U.S. DOT safety standard code The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on other side of blackwall tire.	
This Privacy Act of 1974 - Public Law 95-574 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.			

Ref # EC 52670107M

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

VEHICLE WILL "SHUT DOWN" WHILE GOING DOWNHILL LEAVING DRIVER WITH NO BRAKES, STEERING. THERE IS NO WARNING IT JUST TURNS OFF + YOU HAVE -0- BRAKES + ALMOST IMPOSSIBLE TO STEER. I HAVE HAD TO GO OFF THE ROAD (3) TIMES TO AVOID ACCIDENTS.

SERVICE DEPT. DOES NOT KNOW WHY! THEY FOUND A RELAY THAT CAN DISENGAGE WITH A THUD/JAR FROM A POSSIBLE CONNECTOR PULLED LOOSE. INCIDENTS: 10-27-00, 2-15-01, 2-22-01. MAZDA ENGINEERS CHECKED MAZDA CORPORATE AWARE OF PROBLEM.



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL. HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
http://www.nhtsa.gov/ncbbs



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9893
DC METRO AREA (202) 386-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 256

Date Received

19-JUN-2001

Del. or
Ret. dt
Del. dt
Rp. fr

Reference No.

747088

OWNER INFORMATION (Type or Print)

698785

CHARLOTTE

NC

Work Number

Home Number

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4F2CU09111KM60593	MAZDA	TRIBUTE	2001	

Purchase Date 01-JUN-2001	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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No. Cylinders	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-Lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbike <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Use <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input checked="" 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 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 2	Date(s) of Failure(s) 19-JUN-2001 554	Mileage at Failure(s) 35	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I PURCHASED A 2001 TRIBUTE ON SUNDAY 6/17/01 WITH 420 MILES ON IT. TWO DAYS LATER TUESDAY 6/19/01 THE ENGINE COMPLETELY LOCKED UP ON ME TWICE IN THE SAME DAY. IT NOW HAS ONLY 562 MILES ON IT. LUCKILY BOTH TIMES I WAS ABLE TO AVOID A WRECK. THE ENGINE TOTALLY SHUTS DOWN, MEANING NO STEERING, NO BRAKING. I WAS ABLE TO STOP BY USING THE EMERGENCY BRAKE AFTER STOPPING I HAD TO PUT THE CAR INTO PARK IN WHICH IT THEN RESTARTED. THIS ALL CAME IF NO WARNING AT ALL. I IMMEDIATELY TOOK THE CAR BACK. THE DEALERSHIP SAID THEY HAD NOT HAD ANY PROBLEMS LIKE THIS BEFORE OR ANY OTHERS. I NOW SEE THEY MUST OF BEEN MISTAKEN, BECAUSE IT SEEMS TO ME THAT THIS IS NOT THE FIRST TIME!! I WILL TAKE AS MUCH OF THIS INFO. WITH ME BACK TO THE DEALERSHIP AND HOPE FOR THE BEST.*AK

CONTINUE ON BACK IF NEEDED

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. 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.

 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 25B					
	Date Received 11-DEC-2001		Del_or rt_dt pd_rt up_tr Reference No. 755537					
OWNER INFORMATION (Type or Print) MAUMELLE AR 730125			Work Number Home Number					
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.								
Signature of Owner _____ Date ____/____/____								
VEHICLE INFORMATION								
Vehicle Ident. No. (VIN) <small>(Located at base of windshield on driver's side)</small> 4FZYU09121KM33540		Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading			
Purchase Date 01-JAN-2001	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CYL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio				
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Lift <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 05100000	Part Name(s) ENGINE		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement				
No of Failure 1	Date(s) of Failure(s) 21-OCT-2001		Mileage at Failure(s) 14000	Vehicle Speed at Failure(s) 35	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input 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			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
<p>MY MAZDA TRIBUTE LOST POWER WHILE DRIVING DOWN THE ROAD AT APPROXIMATELY 35 MPH. ROAD WAS FLAT AND WEATHER WAS CLEAR. THIS HAPPENED OUT OF THE BLUE AND NO FIX COULD BE FOUND AS MAZDA WAS NOT ABLE TO REPLICATE THE PROBLEM. MY INFANT DAUGHTER WAS WITH ME AND I AM SCARED OF THIS VEHICLE NOW. I FEEL THAT OWNERS OF THESE VEHICLES NEED TO BE WARNED AND I WISH I COULD GET MY MONEY BACK AND GET OUT OF THIS UNSAFE AND POTENTIALLY LIFE-THREATENING VEHICLE.*AK</p>								

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.



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

12-DEC-2001

Cd_or

PL_or

pd_r1

ap_r1

Reference No.

753548

OWNER INFORMATION (Type or Print)

730215

RED LION

PA

Work Number

Home Number

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4F2YU08121KMH2978	MAZDA TRUCK	TRIBUTE	2001	

Purchase Date 01-SEP-2000	Dealer's Name	Engine Size (CID/CCA) 3.0L D	Turbo Diesel Gas Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No Cylinders	<input type="checkbox"/>
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Side Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05190100	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 3	Date(s) of Failure(s) 23-JUN-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 10250		
	Vehicle Speed at Failure(s) 35		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)


Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I HAD THE TRIBUTE TO THE DEALERSHIP TWICE FOR A SO CALLED FIX, BUT I FEEL THE ENGINE SHUTTING OFF WHILE DRIVING WILL HAPPEN AGAIN. THE REASON I FEEL THIS WAY IS, BECAUSE WHEN IT WAS IN THE SECOND TIME FOR A FIX THEY DID THE SAME THING AS THE FIRST TIME.*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.

Auto Safety Hotline		FOR AGENCY USE ONLY 250	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Cd_of _____ Rt_of _____ Cd_of _____ Ap_of _____
730899		17-DEC-2001	Reference No. 755742
LEWISVILLE TX		Work Number	Home Number
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Current Odometer Reading
4F2CU08141KM26472	MAZDA TRUCK	TRIBUTE	
Purchase Date 01-NOV-2000	Dealer's Name _____	Engine Size (CID/CC) <u>3.0L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Side Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Drive Train
			<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
			Vehicle Type
			<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____
			<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			Body Style
			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 2	Date(s) of Failure(s) 09-JUN-2001	Mileage at Failure(s) 10000	Vehicle Speed at Failure(s) 25
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input 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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THIS IS A SECOND FAILURE, THE FIRST OCCURRING ON 05/30/01. THE ENGINE QUIT WHILE CROSSING RAILROAD TRACKS WITH TWO PASSENGERS. I COASTED ALMOST CLEAR OF TRACKS, STOPPED THE VEHICLE, PUT IT IN PARK AND RESTARTED THE ENGINE AFTER TWO OR THREE ATTEMPTS. THIS SAME TYPE OF FAILURE OCCURRED, AT THE SAME LOCATION, WHEN MY WIFE WAS DRIVING THE VEHICLE ABOUT A LITTLE MORE THAN A WEEK EARLIER.*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.



Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

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Date Received
18-DEC-2001

Del_on _____
r_of _____
ad_rt _____
sp_tr _____

Reference No.
755778

OWNER INFORMATION (Type or Print)

SILVER SPRING MD

730902

Work Number _____
Home Number _____

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 front of windshield on driver's side)</small>	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading
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Purchase Date 01-OCT-2001	Dealer's Name _____	Engine Size (CID/CCA) 6 CC	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure 1	Date(s) of Failure(s) 05-DEC-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 1800		
	Vehicle Speed at Failure(s) 40		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input 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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

STALLING ISSUE WHILE GOING DOWNHILL. *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.



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9383
DC METRO AREA (202) 385-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 256

Date Received

15-JAN-2002

Dd_or

rt_dt

dd_mt

yy_ft

Reference No.

758852

OWNER INFORMATION (Type or Print)

734500

ATLANTA

GA

Work Number

Home Number

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 dashboard on driver's side)</small> 4F2YU09121KM52542	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading		
Purchase Date 01-APR-2001 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CCA) 3.0 No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ute <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05180000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 23-OCT-2001	Mileage at Failure(s) 8000	Vehicle Speed at Failure(s) 5
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input 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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE SLOWING TO PROCEED THROUGH YIELD-SIGN INTERSECTION, VEHICLE STALLED WHILE TRAVELING AT APPROX. 5 MPH (RIGHT-HAND TURN). POWER STEERING, ETC. WAS LOST...PLACED VEHICLE IN NEUTRAL AND RESTARTED...AS THOUGH ONE MIGHT STALL/RESTART A MANUAL TRANS. VEHICLE (THIS VEHICLE IS AUTO TRANS). ON ONE OTHER SIMILAR OCCASION, VEHICLE 'ALMOST' STALLED IN THE SAME FASHION WHILE MANEUVERING THROUGH SERVICE STATION ISLANDS (3-5 MPH)...THIS TIME DURING A LEFT-HAND TURN. VEHICLE SEEMED TO LOSE POWER STEERING AND 'ALMOST' STALL BEFORE RETURNING TO NORMAL IDLE SPEED. *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.

Auto Safety Hotline		FOR AGENCY USE ONLY 256	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9303 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 31-JAN-2002
	OWNER INFORMATION (Type or Print) _____ 737241		Date of r_dlt _____ pd_rlt _____ pp_ltr _____ Reference No. 757618
SODDY DAISY		TN	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of dashboard on driver's side)</small> 4FZYU081X1KM2B1B8	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001
Purchase Date 01-NOV-2000	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 3.0 No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt
Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utv <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other			
FAILED COMPONENT(S) INFORMATION			
Component D5100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 20	Date(s) of Failure(s) 30-DEC-2000	Mileage at Failure(s) 1000	Vehicle Speed at Failure(s) 450
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damaged		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ENGINE SHUTS DOWN WHILE IN RUSH HOUR TRAFFIC - SAME LOCATION, SAME SPEED - HAS HAPPENED 20+ TIMES. CAR HAS BEEN TAKEN TO THE DEALERSHIP AND I HAVE CALLED SEVERAL TIMES. DEALERSHIP DOES NOT KNOW HOW TO CORRECT PROBLEM. I HAVE ALMOST BEEN INVOLVED IN A REAR-END COLLISION 3 TIMES BECAUSE OF THIS PROBLEM. THERE ARE OTHER MAZDA TRIBUTES IN MY AREA HAVING THE SAME PROBLEM ACCORDING TO THE DEALERSHIP.			
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.			

 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY 256			
	OWNER INFORMATION (Type or Print) <div style="text-align: right; margin-right: 50px;">737760</div>		Date Received 05-FEB-2002	Dt_of rt_dt _____ Id_of sp_itr _____ Reference No. 757791		
YORK PA		Work Number _____ Home Number _____				
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.						
Signature of Owner _____ Date _____						
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(Located at bottom of dashboard on driver's side)</small> 4F2CU06111KN68858	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading 		
Purchase Date 01-AUG-2001 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CCL) 3.0L No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Lite Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
No. of Failure 1	Date(s) of Failure(s) 04-NOV-2001 Mileage at Failure(s) 3040 Vehicle Speed at Failure(s) 35	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
ENGINE FAILED WHILE TRAVELING APPROXIMATELY 35 MILES PER HOUR DOWN A CURVED INCLINE. WAS ABLE TO GET VEHICLE TO COME TO A STOP ALONG SIDE OF ROAD. TURNED IGNITION TO OFF AND TRIED TO RESTART VEHICLE. WOULD NOT START. TURNED IGNITION TO OFF AGAIN AND WAITED A FEW SECONDS. VEHICLE RESTARTED ON SECOND ATTEMPT.*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.						



U.S. Department
of Transportation
National Highway
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Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-8363
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

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Date Received

05-FEB-2002

 Od_or
rt_dt
bd_rt
up_ltr

Reference No.

757831

OWNER INFORMATION (Type or Print)

757788

MEMPHIS

TN

Work Number

Home Number

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 on driver's side)</small> 4F2YU07121KM48112	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading
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Purchase Date 01-APR-2001	Dealer's Name	Engine Size (CID/CCL) 151.1	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No. Cylinders	<input checked="" type="checkbox"/> Fuel Injected

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport UE <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000 12420000	Part Name(s) ENGINE INTERIOR SYSTEMS:INSTRUMENT PANEL-GAUGE:INDICATOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure 1	Date(s) of Failure(s) 31-JAN-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) 8500	Vehicle Speed at Failure(s) 40		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)


Crash <input type="checkbox"/> Yes <input 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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE ENGINE LIGHT CAME ON AND THE ENGINE STALLED, LOSING CONTROL OF THE STEERING AND THE BRAKES. I HAD TO COAST TO A STOP IN THE CENTER TURNING LANE. AFTER THE VEHICLE CAME TO A STOP, I PUT THE VEHICLE IN PARK AND RESTARTED THE CAR WITHOUT ANY PROBLEMS. IF THERE HAD NOT BEEN A TURNING LANE, I WOULD HAVE CRASHED INTO THE CAR IN FRONT OF ME. IF I HAD BEEN PASSING A CAR AT THE TIME, I COULD HAVE BEEN HIT BY ONCOMING TRAFFIC. THIS IS THE FIRST TIME THIS HAS HAPPENED TO ME, BUT FROM RESEARCHING THIS PROBLEM, IT IS APPARENT THIS IS HAPPENING TO MANY PEOPLE. I TOOK THE TRIBUTE TO THE DEALER AND THEY SAID THIS PROBLEM WAS NOT OCCURING WITH MY VEHICLE, BUT WITH THE 2.0 LITER ENGINE TRIBUTES. HE IMPLIED THAT I

CONTINUE ON BACK IF NEEDED

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 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 258			
	OWNER INFORMATION (Type or Print)		Date Received 12-FEB-2002	Del_or ft_dt pd_ft up_fr Reference No. 758119		
CRANBERRY PA 738755		Work Number Home Number				
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.						
Signature of Owner _____ Date _____						
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 4FZYU06171KM36970	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading		
Purchase Date 01-JAN-2001 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CCA) 3.0 L No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component Q5106000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failure 5	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s) 10	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
STALLING ISSUE, MAZDA HAS NO FIX, SAFETY IS AT STAKE, HELP US! *AK						
<small>CONTINUE ON BACK IF NEEDED</small>						
<small>The Privacy Act of 1974-Public Law 93-576 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.</small>						



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 288

Date Received

21-FEB-2002

 Od. or
rt. dt
pd. rt
ip. nr

Reference No.

758440

OWNER INFORMATION (Type or Print)

740401

FARMINGTON HILLS

MI

Work Number

Home Number

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 on driver's side)</small> 4F2CU08101KM2B154	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading
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Purchase Date 01-DEC-2000	Dealer's Name	Engine Size (CID/CC) No Cylinders	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code		

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utility Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100800	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure 1	Date(s) of Failure(s) 19-FEB-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 10080		
	Vehicle Speed at Failure(s) 45		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input 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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE STALLED GOING DOWNHILL BETWEEN 45-50 MPH. DASH LIGHTS CAME ON, NO RPM'S, COULD NOT RESTART WHILE COASTING. PULLED OVER TO SIDE OF ROAD, PLACED INTO PARK AND WAS ABLE TO RESTART VEHICLE. TOOK IT TO DEALERSHIP IMMEDIATELY THE NEXT DAY. *AK

CONTINUE ON BACK IF NEEDED

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FD-302 (REV. 11-27-70)

PLANNING INC. 12 FEB 1962 Y 1000


AT BOSTON MASS. THE ABOVE NAMED PERSONNEL LISTED BELOW

NAME TITLE ORGANIZATION ADDRESS CITY STATE ZIP

NAME	TITLE	ORGANIZATION	ADDRESS	CITY	STATE	ZIP

SEARCHED INDEXED SERIALIZED FILED

758696

 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-6363 DC METRO AREA (202) 386-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 256	
	OWNER INFORMATION (Type or Print) <div style="text-align: right;">748318</div>	Date Received 09-APR-2002	Od_or rL_dt od_rt up_lr
ARLINGTON VA		Work Number	Home Number

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 dashboard on driver's side)</small> 4F2CU08151KM62482	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading
Purchase Date 01-JUL-2001	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CYL) 3.0 V6	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbike <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other


FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100800	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 09-APR-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 16834		
	Vehicle Speed at Failure(s) 30		

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
TRIBUTE STALLED ON ONRAMP FOR I495 AT AMERICAN LEGION BRIDGE IN VA. SPEED WAS APPROXIMATELY 30MPH. STALLING OCCURRED AS ONRAMP TURNS RIGHT AND CAR WAS EXTREMELY DIFFICULT TO STEER TO KEEP ON THE ROAD AND POWER BRAKES FAILED. NEARLY CAUSED AN ACCIDENT WITH TRAFFIC ON I495 TRAVELLING 60 - 70 MPH. WAS ABLE TO RESTART CAR AFTER SAFELY STEERING AND STOPPING IN GRASS. THIS CONDITION IS EXTREMELY DANGEROUS BECAUSE OF LOSS OF STEERING CONTROL AND BRAKES.*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.

Auto Safety Hotline		FOR AGENCY USE ONLY 255	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 19-APR-2002
	OWNER INFORMATION (Type or Print) 750119		Ref. No. 760890
KANEQHE HI		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____ Date _____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 4F2YU09191KM00759	<small>Located at bottom of windshield on driver's side</small> Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001
Current Odometer Reading _____		Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected
Purchase Date 01-DEC-2000	Dealer's Name _____ City _____ State _____ Zip Code _____		<input checked="" type="checkbox"/> New <input type="checkbox"/> Used
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	AntiLock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport UT Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input checked="" 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 06100006	Part Name(s) ENGINE	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original Replacement
No. of Failure 5	Date(s) of Failure(s) 08-FEB-2002	Mileage at Failure(s) 12400	Vehicle Speed at Failure(s) 45
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
NO SUMMARY LISTED FOR ABOVE VEHICLE. *AK			
<small>CONTINUE OR BACK IF NEEDED</small>			
<small>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.</small>			



U.S. Department
of Transportation
National Highway
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Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-6383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 285

Date Received

20-APR-2002

 Cd_or _____
 Rt_ct _____
 Cd_rt _____
 Ip_Nr _____

Reference No.

760834

OWNER INFORMATION (Type or Print)

750144

HENDERSON

TX

Work Number

Home Number

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4F2CU09111KM33071	MAZDA TRUCK	TRIBUTE	2001	

Purchase Date 01-JUL-2001	Dealer's Name _____	Engine Size (CID/CC/L) 3 LTR	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injecto
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 2	Date(s) of Failure(s) 25-NOV-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 12000		
	Vehicle Speed at Failure(s) 45		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input 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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE LOST POWER WHILE DRIVING AT ABOUT 45 MPH. LOST POWER STEERING AND POWER BRAKES. WAS ABLE TO GET VEHICLE STOPPED AND ENGINE RESTARTED. THIS HAS HAPPENED TWICE *AK

CONTINUE ON BACK IF NEEDED

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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 256

Date Received

03-JUL-2002

Od_or _____
Rt_dt _____
Pd_rt _____
Up_fr _____

Reference No.

763789

OWNER INFORMATION (Type or Print)

788085

LEESBURG

VA

Work Number

Home Number

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 on driver's side)</small> 4FZYU09191KM31185	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading		
Purchase Date 01-JAN-2001	Dealer's Name	Engine Size (CID/CCL) 3_V6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____				
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	AntiLock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Side Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input checked="" 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 <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 4	Date(s) of Failure(s) 10-AUG-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 5000		
	Vehicle Speed at Failure(s) 40		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)


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

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

MY AUTOMATIC TRANSMISSION IS STALLING WHILE DRIVING AT SPEEDS OF OVER 40 MPH. THIS PROBLEM HAS OCCURRED TO MY VEHICLE 4 TIMES OVER THE PAST 10 MONTHS. EACH TIME THE DEALER INSISTS THAT THE PROBLEM HAS BEEN FIXED, BUT THEN IT HAPPENS AGAIN. ALL FOUR TIMES THAT IT HAS HAPPENED I HAVE BEEN DRIVING ON THE SAME ROAD, WHICH IS A ONE LANE ROAD THROUGH A VERY HILLY AND CURVEY SECTION, AND HAVE ALMOST CAUSED A COLLISION EACH TIME. WHEN THE CAR STALLS, THE POWER BRAKES AND STEERING ARE LOST, MAKING IT ALMOST IMPOSSIBLE TO STOP THE OUT OF CONTROL CAR. BECAUSE OF MY QUICK THINKING, I WAS ABLE TO PUT THE CAR INTO NEUTRAL, RESTART THE CAR, AND PUT IT BACK INTO DRIVE IN ENOUGH TIME TO AVOID A

CONTINUE ON BACK IF NEEDED

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 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) 386-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 258	
	OWNER INFORMATION (Type or Print) _____ 752977	Date Received 04-JUL-2002	Del_or _____ Rt_ct _____ Bd_rt _____ Up_ltr _____
ALBUQUERQUE NM		Work Number _____ Home Number _____	

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 on driver's side)</small> 4F2CU08151KM69749	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading	
Purchase Date 01-AUG-2001	Dealer's Name _____		Engine Size (CID/KCC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorball <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____
			Sport UA Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other _____		
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
05100009 12428000	ENGINE INTERIOR SYSTEMS-INSTRUMENT PANEL-GAUGE-INDICATOR	<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 Failure 1	Date(s) of Failure(s) 03-JUL-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 11500		
	Vehicle Speed at Failure(s) 40		

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 Fatality	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


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

WHILE GOING DOWNHILL AT APPXIMATELY 40 MPH, ENGINE STALLED. LOST POWER BRAKES AND STEERING. ABLE TO STOP CAR SAFELY (BARELY). TAKING VEHICLE TO DEALER. HAD INTALLY MADE AN APPOINTMENT SINCE MY ENGINE CHECK LIGHT CAME ON 4 DAYS BEFORE THIS STALLING INCIDENT. I ASKED THE DEALER IF I SHOULD STILL DRIVE MY TRIBUTE WITH THE ENGINE CHECK LIGHT ON, THEY SAID IT WAS SAFE AND NOT TO WORRY. DON'T KNOW IF THE TWO PROBLEMS ARE RELATED OR NOT.*AK

CONTINUE ON BACK IF NEEDED

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Auto Safety Hotline		FOR AGENCY USE ONLY 756	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8393 DC METRO AREA (202) 386-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 07-MAY-2001
	OWNER INFORMATION (Type or Print) 690882 BIRMINGHAM AL		Ref. No. 887600
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____ Date _____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>Located at base of windshield on driver's side</small>	Vehicle Make	Vehicle Model	Vehicle Year
4F2YU07171KM18215	MAZDA TRUCK	TRIBUTE	2001
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CCL) No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Airlock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Side Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 3	Date(s) of Failure(s) 01-OCT-2000 4000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE STALLED 3 TIMES AROUND 30 MPH. CONSUMER WAS ABLE TO RETURN VEHICLE UNDER LEMON LAW.*AK			
CONTINUE ON BACK IF NEEDED			
<small>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.</small>			

Auto Safety Hotline		FOR AGENCY USE ONLY 79C	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 08-AUG-2001
	OWNER INFORMATION (Type or Print) BLOOMINGTON IN 708240		Ref. No. 893788
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.		Work Number _____ Home Number _____	
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) _____ <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001
Current Odometer Reading N/A		Engine Size (CID/CC/L) _____ No. Cylinders _____	
Purchase Date _____ <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise 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 type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <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 05100000 03250000	Part Name(s) ENGINE BRAKES:HYDRAULIC:ANTI-LOCK SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure _____	Date(s) of Failure(s) 03-MAY-2001 6 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damaged _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING AN APPLYING THE BRAKES VEHICLE WILL STALL. PROBLEM IS INTERMITTENT.*AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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.</small>			

U.S. Department of Transportation National 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 355	
OWNER INFORMATION (Type of Firm)				Use Facility	Old or New
CONCORD NC				02 FEB 15 PM 2:00 01 OCT 2001	Old or New Old or New Old or New Old or New Old or New Old or New
718805				EFFECTS	Reference No. 887349
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				Work Number	Form Number
Signature of Owner _____ Date _____				YES <input type="checkbox"/> NO <input type="checkbox"/>	
VEHICLE INFORMATION					
Vehicle Identification No. (VIN) (Location of vehicle or address on driver's copy)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
4P2YU0A1X4KM84889	MAZDA TRUCK	TRIBUTE	2001	7603	
Purchase Date 9/22/01	Dealer's Name Tim Muehler Mazda		Engine Size (CID/GCC)	Turbo Diesel Gas Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Concord, State NC Zip Code 28027		No. Cylinders 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag	<input checked="" type="checkbox"/> Yes <input 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
					Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 05190500	PART NUMBER ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures 1	Date(s) of Failure(s) 28-29-2001 10/3/01	Mileage at Failure(s) 2000-7600	Vehicle Speed at Failure(s) 45-50	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <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 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>45-50</p> <p>WHILE DRIVING AT 50 MPH VEHICLE WILL SUDDENLY DIE. IT HAPPENS RIGHT IN MIDDLE OF TRAFFIC OR ON HIGHWAY. IN ONE SITUATION THERE WAS ONLY 2 WAYS TO GO, AND THAT WAS INTO A DITCH OR BE HIT BY ONCOMING TRAFFIC. LUCKILY, ANOTHER DRIVER SAW CONSUMER COMING AND CLEARED THE WAY. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK</p> <p>Please note that you can not restart vehicle - it is dead.</p>					
<p>The Privacy Act of 1974 (Public Law 93-502) This information is required 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.</p>					



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) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 335

Date Received

04-OCT-2001

Del. or

r_dt

del_rt

sp_tr

Reference No.

897380

OWNER INFORMATION (Type or Print)

718893

CONCORD

NC

Work Number

Home Number

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 dashboard on driver's side)</small> 4FZYU081X1KM54889	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	AntiLock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 0510000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 0	Date(s) of Failure(s) 01-MAY-2000 Mileage at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WILL DIE AT HIGH SPEEDS. VEHICLE WAS TOWED TO DEALER, AND IT REMAINED AT DEALER. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-3-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 820</p> <p>Date Received: <u>10-20-2007</u> Defects: <u>1</u> Reference No. <u>897417</u></p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p><u>CINCINNATI OH</u> <u>718983</u></p>	

Signature of Owner _____ Date 10/20/07

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.

VEHICLE INFORMATION

Vehicle VIN# (VIN) (Record a copy of windshield sticker's VIN)	VEHICLE MAKE	Vehicle Model	Vehicle Year	Current Mileage/Reading
<u>4F2CU08151KM29072</u>	<u>MAZDA TRUCK</u>	<u>TRIBUTE</u>	<u>2001</u>	<u>6263</u>

Purchase Date <u>12/9/01</u>	Dealer's Name: <u>KING'S MAZDA-SUZUKI</u>	Engine Size (DISPLACEMENT) <u>4.0</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>CINCINNATI</u> State <u>OH</u> Zip Code <u>45249</u>	No. Cylinders <u>6</u>	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-Lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 4-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger-side Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Type <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> All-wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utv <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component <u>0900000</u> <u>0900000</u>	PART NUMBER <u>ELECTRICAL SYSTEM:IGNITION</u> <u>ELECTRICAL SYSTEM:IGNITION-ELECTRONIC CONTROL UNIT</u>	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
---	---	--	--

No of Failures <u>5</u>	Date(s) of Failure(s) <u>01-JUL-2001</u>	Mileage at Failure(s) <u>6000</u>	Vehicle Speed at Failure(s) <u>35</u>	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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)


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


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

WHILE TRAVELING ON A DOWN GRADE AT 35 TO 40 MPH ENGINE WILL STALL INTERMITTENTLY. DEALERSHIP HAS EXAMINED VEHICLE PRIOR TO LAST INCIDENT, AND REPLACED EEC RELAY WHICH FAILED TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS. *AK

The Privacy Act of 1974 (Public Law 93-502) The 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov</p>		<p>FOR AGENCY USE ONLY 920</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received 31-JAN-2002</p>		<p>Del. or rt. dt oc. rt up. tr</p>	
<p>736681</p>		<p>Work Number</p>		<p>Reference No. 8003279</p>	
<p>GREENSBORO NC</p>		<p>Home Number</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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 _____ Date / / _____</p>					
VEHICLE INFORMATION					
<p>Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small></p> <p>FILL IN PLEASE</p>		<p>Vehicle Make MAZDA TRUCK</p>	<p>Vehicle Model TRIBUTE</p>	<p>Vehicle Year 2001</p>	<p>Current Odometer Reading</p>
<p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC) _____</p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Anti-Lock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger-side Airbag</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
				<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____</p>
FAILED COMPONENT(S) INFORMATION					
<p>Component 05190008 06212000</p>	<p>Part Name(s) ENGINE FUEL-CARBURETOR-UNKNOWN TYPE-MANIFOLD-INTAKE</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failure 3</p>	<p>Date(s) of Failure(s) 25-JUN-2001</p>		<p>Mileage at Failure(s) 200</p>	<p>Vehicle Speed at Failure(s) 35</p>	<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
					<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>ENGINE HAS STALLED THREE TIMES WHEN DRIVING BETWEEN 35 AND 40 MPH, AND GOING DOWNHILL on 25-JUN-2001, 01-OCT-2001, AND 30-JAN-2002. DEALERSHIP HAS EXAMINED VEHICLE AND REPLACED AIR INTAKE MANIFOLD WHICH FAILED TO REMEDY THE PROBLEM. REFERENCE INVESTIGATION: PE 04-043. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.*AK</p>					
CONTINUE ON BACK IF NEEDED					
<p>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.</p>					

Auto Safety Hotline		FOR AGENCY USE ONLY 1038	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print) 740384 AUSTIN TX		Date Received 25-FEB-2002 Ref. or Pt. of ad. of up. for Reference No. 8004493	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.		Work Number _____ Home Number _____	
Signature of Owner _____ Date _____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(located at bottom of dashboard on driver's side)</small> 4FZYL091X1KM68516	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC) _____ No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Yes <input type="checkbox"/> Automatic <input type="checkbox"/> No	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger-side Airbag	Cruise Control <input 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 type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05190000 00138000	Part Name(s) ENGINE FUEL-FUEL PUMP	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure _____	Date of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured _____	Number of Fatality _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING VEHICLE WILL STALL AND LOSE ALL POWER.TOOK VEHICLE TO DEALER, AND DEALER REPLACED A DELAY CHIP IN FUEL PUMP, BUT PROBLEM STILL EXISTS.*AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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.</small>			

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1992	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-CASH-2-DOT 1-888-327-4226 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received APR 30 2002 DEFECTS INVESTIGATION	
748298		Od. or r. # od. r. od. #r	
OLLNEY ND		Reference No. 8007888	
On you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature of owner, your name and address to the v		Work Number Home Number	
Signature of Owner:			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) & location at bottom of instrument or driver's side	Vehicle Make	Vehicle Model	Vehicle Year
4F2CB20621KM42119	MAZDA TRUCK	TRIBUTE	2001
Current Odometer Reading			
14,850			
Purchase Date	Dealer's Name	Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
2/14/01	DARCAR MAZDA OF SUMMIT SPRING	6	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: Summit Springs ND Zip Code: 58074	No. Cylinders	6
Transmission Type	Anti-Lock Brakes	Restraint System	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger Side Airbag	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Other	<input type="checkbox"/> Car Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Sport UE Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 3-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
89168808 12118880	ENGINE INTERIOR SYSTEMS-PASSIVE RESTRAINT-AIR BAG	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	4/15/02 14,850 miles 33-40 mph	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage (Amount)		Reported to Police	
Under Warranty		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING AIR BAG LIGHT ILLUMINATED, RESULTING IN ENGINE TO STALLING AND SHUT DOWN. DEALERSHIP HAS BEEN NOTIFIED.*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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

4/15/02. DND Monday Morning on my way to work my 2001 MAZDA Tribute Airbag Light started flashing after from Atlanta the Airbag Light came on all the time. final records later the Expedite shot showed that I lost control of the car with no pedal shown and brake going 25-30 miles per hour. Lacking I was already putting pressure on the brake because I was coming to a stop sign. My car slowly approached the intersection and came to a stop. Then I was picked up by my coworker and he told me that I was "wrecked" he tried to restart the car and it started, I drove down it to my company and called the dealer. I brought the car to Georgetown, VA and on my way the same Airbag Light started blinking. Lacking I made it to the dealer with out incident. The dealer replaced the cut-off relay and was told that it will fix the problem. How I feel about the car is that it might happen again because it is not a recall item.

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73178 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HIGHWAY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

2025040001



U.S. Department of Transportation
National Highway Traffic Safety Administration
www.safercar.gov

DOT Auto Safety Hotline
(DASH) 2 DOT

1-888-DASH-2-DOT
1-888-327-4236

DASH2DOT
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE
OWNER'S**



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4238
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Rec'd: 11/20/01

OFFICE INVESTIGATION

GM or other
od_ri
up_#r

Reference No.
8008304

OWNER INFORMATION (Type or Print)

748721

GIBSONIA

PA

Work Number

Phone Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of a signature, your name and address to the vehicle manufacturer.

Signature of Owner

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's door) 4F2CU06131KMF01403	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading 19600
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Purchase Date 11-28-00	Dealer's Name Billco Motors	Engine Size (CID/OZL) No Cylinders 6	Turbo Diesel Gas Fuel Injected
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City, State, Zip Code Wexford, PA 15090		

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	AntiLock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Passenger Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> All Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Use Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
--	--	---	---	--	---	----------------------------	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Category	Part Name(s) Location	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 4	Date(s) of Failure(s) 11-FEB-2001, 3/3/01, 11/21/01, 4/27/01	Mileage at Failure(s) 18000	Vehicle Speed at Failure(s) 40/50/55/55
	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

INTERMITTENTLY VEHICLE WILL STALL WHILE DRIVING 35-40 MPH. VEHICLE HAS BEEN INTO DEALER FOR REPAIRS ON 2 OCCASIONS, AND THE PROBLEM IS REOCCURRING. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. AK

4

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. 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.



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 386-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1039

Date Received

30-APR-2002

 Od_or
Rt_dt
Od_Lt
Sp_Ltr

Reference No.

8008814

OWNER INFORMATION (Type or Print)

751034

CEDAR HILL

TX

Work Number

Home Number

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 instrument or driver's side)</small>	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Bel	Cruise Control <input 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Ut Truck Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component (S/N/0000)	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING ENGINE STALLS WITHOUT WARNING. HAS STALLED PREVIOUSLY. DEALER CANT IDENTIFY CAUSE. PLEASE ADD VIN. *AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758

Date Received

30-APR-2002

Ord. or

PL dt

pd. rt

sp. nr

Reference No.

8008881

OWNER INFORMATION (Type or Print)

751103

FT WASHINGTON

MD

Work Number

Home Number

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 dashboard on driver's side)</small> 4F2CU08101KM70015	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Ut. Truck Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06100009	Part Name(s) SENSOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date of Failure(s) 15-JAN-2002	Mileage at Failure(s) 7400	Vehicle Speed at Failure(s)
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatals	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	------------------	---------------------------	--

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

VEHICLE HAS STALLED 3 TIMES AT DIFFERENT SPEEDS. DEALER HAS REPLACED SENSOR.*AK

(CONTINUE ON BACK IF NEEDED)

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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 250 Date Received: 06-MAY-2002 OFFICE OF DEFECTS INVESTIGATION Reference No.: 8008231	
OWNER INFORMATION (Type or Print)		Work Number	
762538		Home Number	
LAKEWORTH FL			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will send a copy of the report to the vehicle manufacturer.			
Signature of Owner			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 4F2YU001D1KM36498	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2003-2001
Current Odometer Reading 16,500		Engine Size (CID/CCL) 3.0	Turbo Diesel Gas Fuel Injection
Purchase Date 2-14-01	Dealer's Name Palm Beach Mazda	City West Palm Beach	State FL
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Zip Code 33415	No. Cylinders 6	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized 2-Point Belt <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport LR Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> Pick Up Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 88000908	Part Name(s) ELECTRICAL SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 01-DEC-2001	Mileage at Failure(s) 16000	Vehicle Speed at Failure(s) 40-45 MPH
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <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 0		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ELECTRICAL SYSTEM WORKS INTERMITTENTLY. DEALERSHIP IS AWARE OF PROBLEM.*AK			
Car dies at 40-45 MPH. Brakes + steering go out, making it hard to control vehicle. Also vehicle will not start after sitting for several hours. (intermittently)			
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.			

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-007 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 1387</p> <p>Date Received: RECEIVED 02 JUN 2008 9:11 11 JUN 2008</p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p> <p>Case No. 8011661</p>
<p>OWNER INFORMATION (Type or Print)</p> <p style="text-align: right;">788688</p>	

HIGH POINT NC

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 In the absence of an _____ or name and address to the vehicle manufacturer.

Signature of Owner _____

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield at driver's side) 4F2YL07121KM48353	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2007	Current Odometer Reading 8275	
Purchase Date May 2007	Dealer's Name Bob King Mazda		Engine Size (CID/KCA) 2	Turbo Diesel Gas Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City/State/Zip Wilson, NC 27103		No. Cylinders		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Ute <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 0510000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 11-MAR-2008	Mileage at Failure(s) 6000 miles	Vehicle Speed at Failure(s) 50 MPH
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

VEHICLE WILL CUT OFF WHEN DRIVING AT HIGH SPEEDS. CONTACTED DEALER, CANNOT FIX PROBLEM. *AK DEALER CLAIMS TO HAVE FIXED THE PROBLEM, BUT WILL NOT GUARANTEE IN WRITING. WILL NOT COME TO MY TERMS TO REPLACE VEHICLE. STATES THAT "IT MAY NEVER HAPPEN AGAIN". TOWED IN TO PARKS MAZDA, HIGH POINT.

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 this agency's action.

Auto Safety Hotline		FOR AGENCY USE ONLY 756	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 05-JUL-2002
	OWNER INFORMATION (Type or Print) _____ _____ _____		Ref. No. 8013313
Kingsville MD 762718		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____ Date _____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 4F2YU09131KM50580	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2001
Purchase Date _____ Dealer's Name _____ <input checked="" type="checkbox"/> New <input type="checkbox"/> Used City _____ State _____ Zip Code _____		Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorized 2-Point Belt	Cruise 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 3	Date of Failure(s) 12-JUN-2001 Mileage at Failure(s) 17000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE STALLS INTERMITTENTLY AROUND 40 MPH. VEHICLE HAS BEEN TAKEN TO DEALER 3 TIMES, CANNOT FIND CAUSE.			
(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.			

Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY 1367	
OWNER INFORMATION (Type or Print)				Date Received	Off. or ret. id.
CARLSBED CA				18-JUL-2002	off. id. ret. id.
764848				Reference No.	8014217
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of Owner _____				Date _____	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
PLEASE FILL IN	MAZDA TRUCK	TRIBUTE	2001		
Purchase Date	Dealer's Name		Engine Size (CID/CC)	Turbo	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 5-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag	<input type="checkbox"/> Yes <input 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"/> Motorbelt <input type="checkbox"/> 2-Point Belt			<input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle
					Body Style
					<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 05100000	Part Name(s) ENGINE	Location		Failed Part(s)	
		<input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear		<input type="checkbox"/> Original Replacement	
No. of Failure	Dates of Failure(s)	Mileage at Failure(s)		Failed Part(s)	NHTSA Previously
	18-JUL-2001	8000		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)				
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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
VEHICLE STALLED, LOST ALL POWER, AND ALMOST CAUSED AN ACCIDENT. CONTACTED DEALER. CANNOT DUPLICATE PROBLEM.*AK					
<small>CONTINUE ON BACK IF NEEDED</small>					
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 responses 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.					



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9383
DC METRO AREA (202) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 259

Date Received

01-DEC-2001

 Del. or
rt. dt
del. rt
MP. RT

Reference No.

755108

OWNER INFORMATION (Type or Print)

728652

FRANKLIN

TN

Work Number

Home Number

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 base of windshield on driver's side)</small> 4F2YU08182NM23257	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading
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Purchase Date 01-NOV-2001	Dealer's Name _____	Engine Size (CID/CYL) 3.0 LI	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-Lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbike <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input checked="" 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 05100008	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 01-DEC-2001	Mileage at Failure(s) 235	Vehicle Speed at Failure(s) 40
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input 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
---	---	--------------------------------	---------------------------	---------------------------	---

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

PROCEEDING ON A SLIGHT DOWNHILL AT ROUGHLY 40 MPH MY NEW VEHICLE'S ENGINE STALLED/DIED. I IMMEDIATELY SLIPPED THE TRANSMISSION INTO NEUTRAL AND RE-STARTED. THIS ALLOWED ME TO CONTINUE. POWER BRAKES AND STEERING WERE NON-OPERABLE DURING THIS TIME. HAD I BEEN PROCEEDING AT A FASTER SPEED OR NOT REACTED QUICKLY THIS COULD HAVE BEEN A VERY DANGEROUS SITUATION. I HAVE HEARD THIS HAS BEEN AN ISSUE WITH THESE VEHICLES.

CONTINUE ON BACK IF NEEDED

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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) 365-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

03-DEC-2001

 Oct_or
rt_dt
pd_rt
up_jtr

Reference No.

755213

OWNER INFORMATION (Type or Print)

728829

SPRING HILL

TN

Work Number

Home Number

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 dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4F2CU00112KM04445	MAZDA TRUCK	TRIBUTE	2002	

Purchase Date 01-NOV-2001	Dealer's Name	Engine Size (C/D/DOCL) 3.0L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas Fuel Injections
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	AntiLock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			Body Style <input checked="" 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 05160000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 28-NOV-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 113		
	Vehicle Speed at Failure(s) 40		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damaged	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE SHUT DOWN W/O WARNING. *AK

CONTINUE ON BACK IF NEEDED

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U.S. Department
of Transportation
National Highway
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Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9383
DC METRO AREA (202) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

25-JAN-2002

 Del. or
 Pt. of
 Del. or
 Pt. of
 Del. or
 Pt. of

Reference No.

757321

OWNER INFORMATION (Type or Print)

736093

SAN ANTONIO

TX

Work Number

Home Number

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 dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4F2YU091X2KM23887	MAZDA TRUCK	TRIBUTE	2002	

Purchase Date	Dealer's Name	Engine Size (CID/CYL)	Turbo
01-JAN-2002		3.0	<input type="checkbox"/>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected

Transmission Type	AntiLock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 Util Truck <input type="checkbox"/> Motorcycle <input checked="" 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	Part Name(s)	Location	Failed Part(s)
05100800	ENGINE	<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 Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
2	23-JAN-2002	160	40	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input 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)

BELIEVED TO BE RELATED TO NHTSA DEFECT INVESTIGATION ACTION NUMBER PE01043. ENGINE STALLS TOTALLY UNEXPECTEDLY. DEALER CONTACTED, THINKS THEY HAVE A RESOLUTION BUT WILL NOT GIVE ANY ASSURANCE. MANUFACTURER CONTACTED, UNAWARE OF PROBLEM IN 2002 MAZDA TRIBUTE, UNABLE TO GIVE ANY ASSURANCE OF PROBLEM RESOLUTION STEPS AND PROCEDURES. EXTREME SAFETY HAZARD IF ENGINE STALLS IN TRAFFIC. *AK

CONTINUE ON BACK IF NEEDED

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Auto Safety Hotline		FOR AGENCY USE ONLY 256	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 365-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Ref. No.
737022		30-JAN-2002	757567
BRENTWOOD TN		Work Number	Home Number
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 4F2YU06122KM26512	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002
Purchase Date 01-DEC-2001		Dealer's Name	Engine Size (CID/OCC) 3.0 L
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City _____ State _____ Zip Code _____	No. Cylinders _____ Turbo Diesel Gas Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	AntiLock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 30-JAN-2002	Mileage at Failure(s) 2100	Vehicle Speed at Failure(s) 40
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WAS DRIVING ABOUT 40 MILES PER HOUR AND THE ENGINE QUIT. PULLED OVER TO SIDE OF ROAD AND ENGINE STARTED BACK UP AND DROVE HOME. *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.			



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

13-FEB-2002

 Del. or
R. dt
ad. ft
sp. nr

Reference No.

758188

OWNER INFORMATION (Type or Print)

739070

AUSTIN

TX

Work Number

Home Number

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4FZYU09132KM00774	MAZDA TRUCK	TRIBUTE	2002	

Purchase Date	Dealer's Name	Engine Size (CID/CC)	Engine Type			
01-NOV-2001			<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbolt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 Ut <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 checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
0840000	FUEL-THROTTLE LINKAGES AND CONTROL	<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 Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
1	01-FEB-2002	3000	25
		Failed Part(s)	NHTSA Previously
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE TAKEN FOR SERVICE AT ROGER BEASLEY MAZDA NORTH (AUSTIN, TX) SERVICE ADVISOR STATES THAT PROBLEM WITH VEHICLE TURNING OFF WHILE DRIVING HAS BEEN REPORTED BY OTHER TRIBUTE OWNERS AND THAT THE EXACT DIAGNOSIS HAS NOT BEEN MADE YET. SERVICE DEPT REPLACED THROTTLE BODY AS THIS IS WHAT HAS BEEN DETERMINED TO BE THE FIX AT THIS TIME.


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.

Auto Safety Hotline		FOR AGENCY USE ONLY 256	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 06-APR-2002
	OWNER INFORMATION (Type or Print) 747163		Ref. No. 760335
SAINT LOUIS MO		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 4F2YU0815ZKM23474	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002
Current Odometer Reading _____		Engine Size (CID/CC/L) _____ Turbo Diesel Gas Fuel Injectio _____ No Cylinders _____	
Purchase Date 01-JAN-2002 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Turbo Diesel Gas Fuel Injectio _____
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized 2-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut Truck Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 2	Date(s) of Failure(s) 06-APR-2002 Mileage at Failure(s) 4800 Vehicle Speed at Failure(s) 35	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THE 2002 TRIBUTE HAS STALLED ON ME TWICE - ONCE AFTER 1200 MILES AND THE SECOND TIME AFTER 4800 MILES. BOTH TIMES I WAS GOING DOWN A HILL AT ABOUT 35 MPH. AM TAKING THE CAR INTO THE DEALER. THIS PROBLEM NEEDS ADDRESSED*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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY 258			
	OWNER INFORMATION (Type or Print) <div style="text-align: right;">750080</div>		Date Received <div style="text-align: center;">18-APR-2002</div>	Or, or In, at pd, fr up, fr Reference No. <div style="text-align: center;">760858</div>		
HAMPSTEAD MD		Work Number Home Number				
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 dashboard on driver's side)</small> 4F2CU08122KM39288	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading		
Purchase Date 01-MAR-2002 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passenger's Side Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
No. of Failure 1	Date(s) of Failure(s) 18-APR-2002	Mileage at Failure(s) 1800	Vehicle Speed at Failure(s) 40	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
ENGINE STALLED AT 40 MPH, CAUSING POWER STEERING AND POWER BRAKE LOSS.*AK						
CONTINUE ON BACK IF NEEDED						
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. 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.						



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 386-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 256

Date Received

24-APR-2002

Del. or
at_at _____
pd_rt _____
up_ity _____

Reference No.

761118

OWNER INFORMATION (Type or Print)

750712

SAUGUS

MA

Work Number :

Home Number

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 base of windshield at driver's side</small>	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading
Purchase Det. <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____		Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINES STALLING ON THESE VEHICLES, LOOKS LIKE ANOTHER TIRE PROBLEM THAT IS GOING TO TAKE YEARS TO RESOLVE I HAVE SUBMITTED QUESTIONS TO YOU BEFORE BUT NOBODY WANTS TO TAKE RESPONSIBILITY FOR LOOKING INTO THIS ISSUE I HAVE BEEN TOLD TO FILE COMPLAINTS OR CALL I THINK WITH ALL THE REPORTS ON YOUR WEB SITE YOU WOULD BE LOOKING INTO THIS ISSUE BEFORE WE ARE CHECKING TO SEE HOW MANY PEOPLE ARE KILLED IN THESE SUV

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.



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-8363
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

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Date Received

12-JUN-2002

 ODI or
r_d1
rd_r1
up_rtr

Reference No.

762975

OWNER INFORMATION (Type or Print)

728042

GERMANTOWN

MD

Work Number

Home Number

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 dashboard on driver's side)</small> 4F2CU08132KM04142	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading
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Purchase Date 01-SEP-2001	Dealer's Name	Engine Size (CID/CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No. Cylinders	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 051-00003	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure 3	Date(s) of Failure(s) 11-JUN-2002	Mileage at Failure(s) 7600	Vehicle Speed at Failure(s) 35	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input 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)

Crash <input type="checkbox"/> Yes <input 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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THIS IS THE THIRD TIME VEHICLE HAS STALLED WHILE DRIVING AT APPROX. 35-40 MPH SINCE PURCHASE LAST FALL; PREVIOUSLY REPORTED PROBLEM LAST FALL (ODI ID: 754924); PROBLEM WAS THOUGHT TO BE FIXED WITH RESETTING OF IDLE AND THROTTLE SETTINGS LATE LAST YEAR; WHILE IT HAS BEEN A WHILE SINCE THE PROBLEM LAST OCCURRED, APPARENTLY THE PROBLEM HAS NOT BEEN FIXED. *AK

CONTINUE OR BACK IF NEEDED

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. 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.

odinum 765414			
datecompleted 8/9/2002 12:53:04 PM		homephone	
		workphone	
		fax	
Tigard OR		email	

dealerphone	dealersname Royal Moore MAazla	dealercity Hillsboro
dealerzipcode	dealeraddr	dealerstate OR

make Mazda	model Tribute	year 2002
via	bodystyle SUV	drivetrain Front
date purchased 5/1/2002	new/used New	odometer 1600
engineize 3.0	cylinders 6	antilock Y
fueltype Gas	fuel injected Y	cruise Y
		turbo N

passr side airbag N	side airbag drvr Y	2 point seat belt N	
side airbag passr Y	driver side airbag N	3 point belt N	meter seat belt N

part name			speedfailure 50
component 05200000	deaths 0	num injured 0	numfailures 1
part type Origin	miage at failure 1600	date of failure 8/8/2002	
est damage 0	completedby guest	exp N	
police report N	crashflag N	fireflag N	fr location NA
passr airbag deployed A	side ab passr deployed A	mfg contacted Y	lr location NA
drvr side ab deployed A	side ab drvr deployed A	nhtra contacted N	

size	manufacturer	
retread	name	dotnumber

comments Engine Stalled on freeway. All Electronics including brakes shut down. Unbelievable that a vehicle so new is having this problem. After more research, I'm finding many more people with the same problem. Don't wait until a fatal crash before you fix the problem.

odinum 765846	
datecompleted 8/19/2002 10:08:58 AM	homephone
	workphone
	fax
Vienna VA	email

dealerphone 703 385 8170	dealersname BROWNS FAIRFAX MA	dealercity FAIRFAX CITY
dealerzipcode	dealeraddr 10570 LEE HIGHWAY	dealerstate VA


make Mazda	model TRIBUTE	year 2002
vin 4F2YU09112KM62688	bodystyle SUV	drive/trains Front
date purchased 7/1/2002	new/used New	odometer 108
engine/cvz 3.0i	cylinders 6	antilock N
fueltype Gas	fuel injected Y	cruise Y
		turbo N

passgr side airbag Y	side airbag driver N	2 point seat belt N
side airbag passgr N	driver side airbag Y	3 point belt N
		motor seat belt N

part name	speed/failure 35
component 05100000	deaths
part type Origin	min injured
est damage	mileage at failure 94
police report N	completed by guest
passgr airbag deployed A	date of failure 8/17/2002
driver side ab deployed A	exp N
side ab passgr deployed A	crashflag N
side ab driver deployed A	fireflag N
	fr location NA
	lr location NA
	mfg contacted N
	nhtsa contacted N

size	manufacturer
retread	name
	dotnumber

comment: ENGINE STALLED GOING DOWN SLIGHT INCLINE AT 30-35 MPH. LOST POWER STEERING AND POWER BRAKES. NARROW ROAD WITH NO PLACE TO PULL OFF. DIFFICULTY STOPPING VEHICLE SAFELY. VERY SCARY INCIDENT. AFTER VEHICLE STOPPED PUT GEAR SHIFT IN PARK AND VEHICLE RESTARTED WITHOUT DIFFICULTY. PROCEEDED TO DESTINATION WITHOUT FURTHER PROBLEMS. VEHICLE CURRENTLY AT DEALERS FOR REPAIR. DEALER HAD ADVISED THERE WERE PROBLEMS WITH 2001 MODELS BUT PROBLEM WAS FIXED ON ALL 2002 MODELS. OBVIOUSLY NOT TRUE IN MY CASE!!

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-3-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>	<p>DEFECTS INVESTIGATION</p> <p>DATE: 12-08-06</p> <p>TIME: 10:00 AM</p>	<p>Form Approved OMB No. 2127-0808</p> <p>338</p> <p>Od_or rt_dlt od_rt up_Nr</p>
	<p>OWNER INFORMATION (Type or Firm)</p> <p>DREXEL HILL PA</p> <p>729586</p>	<p>Work Number</p> <p>Phone Number</p>	<p>Reference No.</p> <p>8888877 6900622</p>

Do you authorize NHTSA to obtain a copy of history/repair information from the manufacturer of your vehicle?

Signature of Owner _____

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) 4F2YU0914ZKM1602	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading 3540	
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name MARTIN City NEWARK State DE Zip Code 19711		Engine Size (CID/CYL) 3.1	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized 2-Point Belt <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Steering <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 09540080	Part Name(s) ELECTRICAL SYSTEM:IGNITION-ELECTRONIC CONTROL UNIT	Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original Replacement
No. of Failures 1	Date(s) of Failure(s) 08-DEC-2001	Mileage at Failure(s) 3200	Vehicle Speed at Failure(s) 45 mph
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fatality <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING VEHICLE STOPPED. CONSUMER HAS CONTACTED DEALER, AND THEY WERE AWARE OF PROBLEM, AND WAITING TO HEAR FROM MANUFACTURER. CONSUMER FEELS UNSAFE DRIVING VEHICLE. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

Engine cut out along with all power - no brakes, no power steering - car was still rolling.

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.

 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) 386-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 197	
	OWNER INFORMATION (Type or Print) <div style="text-align: right;">730255</div>		Date Received <div style="text-align: center;">28-JAN-2002</div>
DALLAS TX		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____		Date _____	

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Locate it behind or underneath on driver's side)</small>	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CYL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____		<input type="checkbox"/> Sport UK <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 0	Dates of Failure(s) 24-JAN-2002	Mileage at Failure(s) 740	Vehicle Speed at Failure(s) 0
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damaged	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

WHILE DRIVING ABOUT ANY MPH ENGINE WOULD STALL. THIS COULD HAPPEN WITHOUT PRIOR WARNING. DEALER WAS CONTACTED, AND COULD NOT INDICATE WHAT WAS CAUSING THE PROBLEM. PLEASE PROVIDE MORE INFORMATION.*AK

CONTINUE CHECKUP REQUIRED

DOT Auto Safety Hotline
Vehicle Owners Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
NATIONWIDE 1-888-BASH-2-DOT
1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241
 Date Received: 1/14/02
 21 JAN 2002
 DEFECTS INVESTIGATION
 Did or
 r_dk
 od_r
 up_r
 Reference No.
8003172
 Work Number
 Home Number

OWNER INFORMATION (Type or Print)
470309
STOCKBRIDGE GA

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
 In the absence of an authorization, NHTSA will NOT provide your name and address to the manufacturer.
 Signature of Owner

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (If equipped, include the threshold or driver's side)	Vehicle Make	Vehicle Grade	Vehicle Year	Current Odometer Reading
4F2YU09162KM11770	MAZDA TRUCK	TRIBUTE	2002	
Purchase Date 11-10-01	Dealer's Name Hennessy MAZDA		Engine Size (CID/CCL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Morrow	State GA	Zip Code 30260	No Cylinders 6
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-Lock Brake System <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Motor Belt <input type="checkbox"/> 2-Point Belt	Cruise 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component D8100800	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 20 JAN 2002	Mileage at Failure(s) 1700	Vehicle Speed at Failure(s)
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PE 01 043/ENGINE STALLING. WHILE DRIVING 40-50 MPH VEHICLE STALLS WITHOUT WARNING. VEHICLE CAN BE RESTARTED. DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK
Vehicle taken to Hennessy Mazda and I was assured that the problem was corrected.

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 231	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Oid_or _____ rt_dt _____ od_rt _____ pr_ftr _____
749269		18-APR-2002	Reference No. 8008036
BROKLYN NY		Work Number _____	Home Number _____
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002
Current Odometer Reading			
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 Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<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 UT <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 05100000	Part Name(s) ENGINE	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 Failure 1	Date of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 65		
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
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated Property Damag		Reported to Polic	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER STATES WHILE TRAVELING AT 85 MPH WITHOUT ANY INDICATION VEHICLE LOSSES ALL POWER CAUSING CONSUMER TO PULL OVER. DEALER HAS BEEN CONTACTED. NLM			
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.			



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) 368-0123

INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 750

Date Received

19-APR-2002

 Ord. or
 pt. at
 pd. rt
 up. ltr

Reference No.

8008109

OWNER INFORMATION (Type or Print)

749403

MASPETH

NY

Work Number

Home Number

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 dashboard on driver's side)</small> 4F2CU00H1X2KM6917	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbike <input type="checkbox"/> 2-Point Bel	Cruise 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____		Body Style <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 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date of Failure(s) 16-APR-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 2530		
	Vehicle Speed at Failure(s) 60		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality	Estimated Property Damag	Reported to Polc <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE STALLED AT 60 MPH, AT DEALERSHIP AT THIS TIME. NJM

CONTINUE ON BACK IF NEEDED

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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 1039

Date Received

22-APR-2002

 Cd_or
rt_dt
pd_rt
up_fr

Reference No.

8008238

OWNER INFORMATION (Type or Print)

740681

UPPER MARLBORO

MD

Work Number

Home Number

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 on driver's side)</small> 4F2CU08122KM03788	Vehicle Make MAZDA TRUCK	Vehicle Model TRIBUTE	Vehicle Year 2002	Current Odometer Reading
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Purchase Date	Dealer's Name	Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No. Cylinders	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input 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 type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport UT Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
--	--	---	---	--	--	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure	Date(s) of Failure(s) 19-APR-2002	Mileage at Failure(s) 10	Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input 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)


Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 55 MPH ENGINE STALLED WITHOUT WARNING. LOST ALL POWER. CAUSE UNKNOWN
DEALER CONTACTED.*AK

CONTINUE ON BACK IF NEEDED

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Auto Safety Hotline		FOR AGENCY USE ONLY 352	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 20-JUN-2002
	OWNER INFORMATION (Type or Print) 780254		Del. of Pl. tit _____ Del. tit _____ Pl. tit _____ Reference No. 8012309
LOUISVILLE KY		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) <small>(Located at bottom of dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
4F2YU08142KN31121	MAZDA TRUCK	TRIBUTE	2002
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CCL) _____ No. Cylinders _____ <input type="checkbox"/> Turbo Diesel Gas Fuel Injecte
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Lift <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
			Body Style <input checked="" 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 01340000 03250000 08000000	Part Name(s) STEERING-POWER ASSIST BRAKES-HYDRAULIC-ANTI-LOCK SYSTEM ELECTRICAL SYSTEM	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original Replacement
No. of Failure	Date of Failure(s) 20-JUN-2002	Mileage at Failure(s) 11039	Vehicle Speed at Failure(s)
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE TRAVELING 40MPH ON HIGHWAY AND WITHOUT PRIOR WARNING VEHICLE STALLED, AND ELECTRICAL POWER BRAKES/ STEERING, AND LIGHTS WERE LOST. DEALERSHIP WAS AWARE OF PROBLEM. *AK			
CONTINUE ON BACK OF FORM			
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.			