

Form Approved O.M.B. No. 2127-0008



Auto Safety Hotline

Vehicle Owner's Questionnaire

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

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 03-14-03	Did-er _____ did-er _____ did-er _____ up-er _____
Reference No. 10012157	

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME [REDACTED]	ZIP CODE + 4 [REDACTED]	AREA CODE [REDACTED]
STREET NO. STRONGAVILLE OH	APT. NO. [REDACTED]	
CITY STRONGAVILLE	STATE OH	
ENTER ZIP CODE [REDACTED]		

Do you authorize NHTSA to provide a copy of this 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. [REDACTED] SIGNATURE OF OWNER	3/4/03 DATE
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VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Numbered at bottom of windshield on driver's side) JM3LV5224L0246491	VEHICLE MAKE MAZDA	VEHICLE MODEL MPV	MANUFACTURE DATE 1990	MODEL YEAR 1990
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VEHICLE MANUFACTURER ☐ BMW ☐ Ford ☐ Honda ☐ Nissan ☐ Subaru ☐ Volvo ☒ Other MAZDA ☐ Daimler/Chrysler ☐ General Motors ☐ Hyundai ☐ Saab ☐ Toyota ☐ VW	
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PURCHASE DATE 07/31/90	☒ New ☐ Used	DEALER'S NAME GANLEY MAZDA	CITY PARMA	STATE OH	ZIP CODE 44129
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ENGINE SIZE (CID/CC/L) 6	FUEL SYSTEM ☐ Turbo ☒ Fuel Injection	FUEL TYPE ☐ Diesel ☒ Gas	TRANSMISSION TYPE ☐ Manual ☒ Automatic	ANTILOCK BRAKES ☐ Yes ☒ No	RESTRAINT SYSTEM ☐ Driverside Airbag ☒ 2-Point Belt ☐ Passengerside Airbag ☐ Motorbelt ☐ 3-Point Belt	CRUISE CONTROL ☒ Yes ☐ No
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DRIVETRAIN ☐ Front ☐ 4-Wheel ☒ Rear	VEHICLE TYPE ☐ Car ☒ Minivan ☐ Truck ☐ Other ☐ Van ☐ Sport Utility ☐ Motorcycle	DOORS ☒ 2-Door ☐ 4-Door	BODY STYLE ☒ Hatchback ☐ Sedan ☐ Pick Up Truck ☐ Stationwagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT ☐ Child Seat ☐ Electrical Lights & Alarms ☐ Engine & Cooling System ☐ Equipment ☐ Fuel System, Exhaust ☐ Heater, Defrost, Ventilation ☐ Interior ☐ Parking Brake ☐ Power Train ☐ Service Brakes ☐ Steering ☐ Structure ☐ Suspension ☐ Visual Systems ☒ Other SWAY BAR - REAR	NO. OF FAILURES 1 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
INCIDENT DATE JANUARY 3, 2003	TIRE NAME	COMPLETE TIRE SIZE	
MILEAGE AT INCIDENT 114,000	TIRE BRAND ☐ BF Goodrich ☐ Cooper ☐ Firestone ☐ Goodyear ☐ Kelly Springfield ☐ Michelin ☐ Yokohama ☐ Other		
VEHICLE SPEED AT INCIDENT 5 MPH	FAILED PART(S) ☒ Original ☐ Replacement		

HANDICAPPED ADAPTIVE ☐ Yes ☒ No	FAILED PART(S) AVAILABLE? ☒ Yes ☐ No	NHTSA PREVIOUSLY CONTACTED? ☐ Yes ☒ No
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APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH ☐ Yes ☒ No	NUMBER OF PERSONS INJURED 0 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿	CAUSE OF INCIDENT ☐ Wear/Corroded/Rust ☒ Weak/Poor Fit/Loose ☐ Cut/Torn ☐ Disconnect/Fall Off ☐ Erratic/Poor Performance ☐ Excessive Effort ☐ Noisy ☐ Loose ☐ Short ☐ Locks/Sticks/Grabs ☐ Stability/Vibration ☐ Broken	RESULT OF INCIDENT ☐ Explosion/Fire ☐ Loss of Control ☐ Poor Visibility ☐ Inadvertent Start ☐ Rollover ☐ Stalls ☐ Sudden Acceleration
	FIRE ☐ Yes ☒ No	NUMBER OF FATALITIES 0 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿		

IT APPEARS TO ME
IT HM TO BE DEFECTIVE
METAL FOR SWAY BAR
TO SHEAR OFF.

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HS Form 350 (Rev. 8/86)

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10-04-
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Washington, DC 20580

NVS-216

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