



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received
203 AUG -1 PM 2:00
02-JUL-2003

Repository
Reference No.
10026510

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City CITRUS HEIGHTS State CA Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]
E-mail Address [Redacted]

Do you authorize NHTSA to contact you or the manufacturer of your vehicle?
In the absence of your name or address to the vehicle manufacturer. **YES**
Signature of Owner [Redacted] Date **7/31/03**

VEHICLE INFORMATION

Make MAZDA		Model 626	Model Year 1995
Date Purchased	Dealer's Name and Telephone Number <i>Purchased used from Private Party</i>		Engine: No. Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City	State	Fuel Type: Gas
Transmission Type Automatic	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Front Wheel Drive	Vehicle Component Code 141000 AIR BAGS:FRONTAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 6-15-03	Failure Mileage 110,635	Failure Speed 45	Frontal Airbags deployed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injury(ies).)

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 Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; Is, parts repaired or replaced (and if old part is available).

CONSUMER STATED WHILE TRAVELING AND WITHOUT ANY INDICATION HIT A CURVE AND FRONT AIR BAGS DEPLOYED. *AK NO body damage occurred. The curb was a 6" high concrete median. When the air bags deployed they destroyed the steering wheel, passenger dashboard, passenger sun visor and windshield. This car was never recalled for the airbag sensor adjustments and we should not be responsible for repairs. Vehicle has not been repaired as of this date.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.