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 100079

Date Received: 2004 APR 20 AM 9:17

Repository ☐

Reference No.: 10084736

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City NASHVILLE | State TN | Zip Code [redacted]

Daytime Telephone Number [redacted] | E-mail Address [redacted]

Do you authorize NHTSA [redacted] manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of an aut[redacted] our name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
LYVGE31C65[redacted]	MAZDA	MX6	1985

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	Roger Beasley Mazda -			4	Gas
Original Owner ☒	Dealer's City: Austin	State: TX	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
23-MAR-2004	96000	0	Sitting with vehicle in park, engine running.

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: DOTMAL9ABC036)	☐ Original Equipment ☐ 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), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1	0	N

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; i.e, parts repaired or replaced (and if old part is available).

WHILE VEHICLE WAS PARKED AND ENGINE RUNNING BOTH AIR BAGS DEPLOYED. DRIVER'S AIR BAG CUT CONSUMER'S FACE AND LIP. PASSENGER'S AIR BAG CRACKED MULTIPLE PARTS OF THE WINDSHIELD. AK

Air bag deployment stunned driver, noise temporarily affected hearing. (Examination scheduled)

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