



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received

Repository ☐

13-AUG-2004

Reference No.
10087864

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LITTLETON State CO Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number [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 or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4F2CZ98174 [REDACTED]
Make MAZDA Model TRIBUTE Model Year 2004
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders [REDACTED] Fuel Type: Gas
Original Owner ☒ Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type ☒ Automatic ☒ Antilock Brakes ☒ Cruise Control Power Windows ALL WHEEL DRIVE
Vehicle Component Code 140000 AIR BAGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-AUG-2004 Failure Mileage 8100 Failure Speed 75

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/85R15) [REDACTED]
DOT No. (Example: DOT1AL8ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

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

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 DRIVING ON FREEWAY AT APPROXIMATELY 75 MPH CONSUMER'S VEHICLE WAS INVOLVED IN A ROLL OVER. UPON IMPACT, AIR BAGS FAILED TO DEPLOY. *AK

The car was totaled. The doors (front) were all bent in. There was obvious impact flat on the doors and the air bags still did not go off. This was my main concern of failure.
The car was a total write off.

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.