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 100222	
Date Received: 2004 SEP 14 AM 11 07 16-AUG-2004	Repository ☐ Reference No. 10087924

OWNER INFORMATION (Type or Print)

Name: [redacted]			Daytime Telephone Number: [redacted]	E-mail Address
Address: [redacted]			Evening Telephone Number	
City: MIAMI	State: FL	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 or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 8/24/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JM1FE173440[redacted]	MAZDA	RX8	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10/1/2003	Ocean Mazda (305) (786) 444-1100			No. Cylinders	Gas
Original Owner ☒	Dealer's City: Miami	State: FL	Zip Code: 33124		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-AUG-2004	10000		

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:	Ref No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Fail[illegible] and injury(ies).)

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

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its effect, (3) what was done to correct the failure; (4) parts repaired or replaced (and if old part is available).

THE CONSUMER WAS INVOLVED IN AN ACCIDENT, IN WHICH HE WAS STRUCK FROM THE REAR, THE AIR BAGS DID DEPLOY, HOWEVER THE CONSUMER WAS INJURED. *JB

the consumer was involved in an accident in which he lost control of the vehicle sliching a wall from the rear. Front air bags deployed even though the vehicle was a total loss.

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