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

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 100192

Date Received	Repository
04 DEC -6 PM 5:33 05-NOV-2004	☐
	Reference No. 10099530

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City WILLIAMS BAY	State WI	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 [redacted], I will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/2/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JM1NB354440[redacted]	MAZDA	MAZDA	2004

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
7-26-04	ROSEN MAZDA	847-265-2700	No. Cylinders	Gas
Original Owner ☒	Dealer's City LAKE VILLA	State IL / Zip Code 60046	4	Plan.

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☐ Cruise Control	REAR WHEEL DRIVE	353400 EQUIPMENT:ELECTRICAL:RADIO/TAPE DECK/CD ETC. Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-NOV-2004	3500	56 MPH	AIR BAG DEPLOYMENT?

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE ? ? ?

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
OEM	OEM	
DOT No. (Example: DOTMALRABC036)	☐ 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	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).

CONSUMER WAS DRIVING AND WHILE ADJUSTING THE RADIO VEHICLE WENT DOWN A 6 FOOT EMBANKMENT AND ROLLED OVER. UPON IMPACT, AIR BAGS FAILED TO DEPLOY. VEHICLE WAS TOTALLED. "AK IT IS UNKNOWN IF A STEERING COMPONENT OR TIRE FAILED. CAR WAS TOTALED UPON LEAVING ROAD, UNEXPLAINED." THIS WAS CONSIDERED AN ACCIDENT & NO POLICE REPORTS MADE. EXPERIENCE IS CONSIDERED VERY "UNFORTUNATE". AND "UNSETTLING".

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