



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 100148

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PRINCETON State MA Zip Code [REDACTED]

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 12/26/05 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1YVGF22D215 [REDACTED] Make MAZDA Model 626 Model Year 2001
Date Purchased 01-FEB-05 Dealer's Name and Telephone Number FRAMINGHAM DODGE 508-620-1215 Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City FRAMINGHAM State MA Zip Code [REDACTED]
Transmission Type MANUAL Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 152000 SEAT BELTS:REAR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-DEC-2005 Failure Mileage 82000 Failure Speed [REDACTED]

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: DOTM1A8ABC036) 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), condition, and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths [REDACTED] Reported to Police 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))

DT: THE CONTACT'S CHILD WAS TRAPPED IN THE LEFT REAR SEAT BELT. THE BUCKLE ASSEMBLY UNLATCHED AFTER SEVERAL ATTEMPTS. HOWEVER, THE STRAP TIGHTENED AROUND THE CHILD, LIMITING MOVEMENT AND RESULTING IN AN INJURY. IN AN EFFORT TO FREE THE CHILD THE STRAP WAS CUT BY THE CONTACT. THE DEALER HAS BEEN CONTACTED REGARDING THE PROBLEM, BUT NO REPAIRS HAVE BEEN MADE. *AK

This incident more than limited the child's movement. There was absolutely no way we could remove her from the car. She was trapped. It (the seat belt) tightened to the point of scraping her sides, limiting her ability to take full breaths and scaring her to a panic point. A smaller child could be killed by the seat belt!

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 distilled summary thereof, may be used in support of the agency's action.