

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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

Date Received

FEB - 1 2012

30-DEC-2011

Repository ☐

Reference No.

10441736

OWNER INFORMATION (Type or Print)

Name [REDACTED] *policy holder* [REDACTED]
 Address [REDACTED] *vehicle driver*
 City AURORA State CO Zip Code [REDACTED]
 Daytime Telephone Number [REDACTED]
 Evening Telephone Number [REDACTED]
 E-mail Address [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
 JM3LW28YX10 [REDACTED] Make MAZDA Model MPV Model Year 2001
 Date Purchased *October, 2005* Dealer's Name and Telephone Number *Shortline Subaru 303 364-2200* Engine: No: Cylinders 6 Fuel Type: Gasoline
 Original Owner ☐ Dealer's City *Aurora* State CO Zip Code 80012
 Transmission Type *Automatic* ☒ Antilock Brakes Powertrain Multiple Failure: Incident Date(s) *24 DEC-2011*
☒ Cruise Control *26 Nov, 2011*

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Failure Mileage *120,000* Failure Speed 55
~~100,000~~

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: DOTM19ABC036) ☐ Original Equipment Failure Location:
☐ Prior Repair
 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 ☒ Yes ☐ No Fire ☐ Yes ☒ No Number of Persons Injured 2 Number of Deaths 0 Reported to Police *yes* EMS Responded *yes*

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).

TL* THE CONTACT OWNS A 2001 MAZDA MPV. THE CONTACT WAS DRIVING 55 MPH WHEN THE CONTACT CRASHED INTO ANOTHER VEHICLE. THE CONTACT'S VEHICLE THEN SPUN AROUND AND CRASHED INTO THE SAME VEHICLE A SECOND TIME FROM THE FRONT END. THE CONTACT STATED THAT THE AIR BAGS DID NOT DEPLOY. THE CONTACT AND A PASSENGER WERE INJURED AND A POLICE REPORT WAS FILED. THE CONTACT STATED THAT THE MANUFACTURER REFUSED TO INSPECT THE VEHICLE FOR THE AIR BAG FAILURE. THE CONTACT REFERENCED NHTSA CAMPAIGN ID NUMBER: 02V196000 (AIR BAGS: FRONTAL) BUT DID NOT CONFIRM IF THE VEHICLE WAS INCLUDED IN THE RECALL. THE FAILURE AND THE CURRENT MILEAGES WERE ~~100,000~~ *120,000*

☒ other driver

Vehicle was not included in the recall.

☒ The contact is vehicle owner's spouse, reporting on behalf of Mazda owner/driver

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.

Aurora, CO

DEVELOPER 120590

27 JAN 2012 14:34



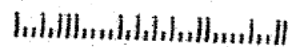
ODI Office

1200 New Jersey Ave SE

West Bldg

Washington DC 20590

20590



Attn:
Safety Defect
Questionnaire