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

Date Received	Repository ☐
29-MAY-2015 JUL 28 2015	Reference No. 10722244

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number [redacted]	
City SAN BERNADINO	State CA	Zip Code [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	Make	Model	Model Year
4F2CU09102K[redacted]	MAZDA (562)	TRIBUTE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2/1/2002	~~EE~~ BROWNING MAZDA 924-1414			No: Cylinders	
Original Owner ☑	Dealer's City CERRITOS CA	State CA	Zip Code 90703	6	

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-MAY-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 138000	Failure Speed 35

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: DOTMAL9A8C036)	☐ 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 2	0	~~NO~~ 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 OWNED A 2002 MAZDA TRIBUTE. WHILE DRIVING FORWARD AT APPROXIMATELY 35 MPH, ANOTHER VEHICLE MADE A LEFT TURN AND CRASHED INTO THE FRONT DRIVER SIDE OF THE CONTACTS VEHICLE. THE AIR BAGS DEPLOYED. THE CONTACT SUSTAINED FACE LACERATIONS FROM PLASTIC FRAGMENTS AFTER THE AIR BAG DEPLOYED, WHICH REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS ~~NOT~~ FILED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 138,000.

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

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	CASE NUMBER
11-81 RPT	2	☐	SAN BERNARDINO	SB SUP	[redacted]
	NUMBER KILLED	HIT & RUN MISD.	COUNTY / REPORTING DISTRICT	BEAT	
	0	☐	SAN BERNARDINO		

LOCATION

COLLISION OCCURRED ON	MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
S MT VERNON AVE	05	10	2015	11:49	3610	50970

MILEPOST INFORMATION: FEET/MILES ____ OF ____

DAY OF WEEK: (S) M T W T F S — TOW AWAY: ☒ YES ☐ NO — PHOTOGRAPHS BY: ☒ NONE

☒ AT INTERSECTION WITH W RIALTO AVE

☐ OR FEET/MILES ____ OF ____ — STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP
[redacted]	CA	C	L	G

DRIVER ☒ — NAME: [redacted]

PEDESTRIAN ☐ — STREET ADDRESS: [redacted]

BICYCLIST ☐ — CITY / STATE / ZIP: FONTANA, CA [redacted]

PARKED VEHICLE ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (MO DAY YEAR)	RACE
M	BLK	BRO	6' 00	250	[redacted]	H

OTHER ☐ — HOME PHONE: [redacted] — BUSINESS PHONE:

INSURANCE CARRIER: AAA — POLICY NUMBER: [redacted]

DIR. OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	MT. VERNON AVENUE	35

VEHICLE — YEAR / MAKE / MODEL / COLOR: 2007 HONDA CIVIC SILVER — LICENSE NO: [redacted] — STATE: CA

OWNER'S NAME: [redacted] ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

TOWED FROM SCENE

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

CHP USE ONLY VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGE

CA ____ DOT ____

CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	L	G

DRIVER ☒ — NAME: [redacted]

PEDESTRIAN ☐ — STREET ADDRESS: [redacted]

BICYCLIST ☐ — CITY / STATE / ZIP: SAN BERNARDINO, CA [redacted]

PARKED VEHICLE ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (MO DAY YEAR)	RACE
F	BRO	BRO	5' 07	180	[redacted]	H

OTHER ☐ — HOME PHONE: [redacted] — BUSINESS PHONE:

INSURANCE CARRIER: AAA — POLICY NUMBER: [redacted]

DIR. OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	RIALTO STREET	35

VEHICLE — YEAR / MAKE / MODEL / COLOR: 2002 MAZDA TRIBUTE BLACK — LICENSE NO: [redacted] — STATE: CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

TOWED FROM SCENE

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: 4FZCUG9102K[redacted]

CHP USE ONLY VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGE

CA ____ DOT ____

CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

DRIVER ☐ — NAME:

PEDESTRIAN ☐ — STREET ADDRESS:

BICYCLIST ☐ — CITY / STATE / ZIP:

PARKED VEHICLE ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (MO DAY YEAR)	RACE

OTHER ☐ — HOME PHONE: — BUSINESS PHONE:

INSURANCE CARRIER: — POLICY NUMBER:

DIR. OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

VEHICLE — YEAR / MAKE / MODEL / COLOR: — LICENSE NO: — STATE:

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

CHP USE ONLY VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGE

CA ____ DOT ____

CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Rodriguez	☒ YES ☐ NO ☐ N/A	Hearns, Kimberlyn	05/12/2015

NSU

SET
ACC
RSM