

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



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
JAN 12 2016

20-OCT-2015

Repository ☐

Reference No.
10783663

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **TURNERS FALLS** State **MA** Zip Code **[REDACTED]**

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

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
1YZHT80C035 [REDACTED] 1YVHP80C035 [REDACTED] Make **MAZDA** Model **MAZDA6** Model Year **2003**

Date Purchased **May '13** Dealer's Name and Telephone Number
Original Owner ☐ Dealer's City State Zip Code Engine: No: Cylinders **4** Fuel Type: **Gas**

Transmission Type ☒ Antilock Brakes Powertrain Multiple Failure: Incident Date(s) **19-JUN-2014**
☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **140000 AIR BAGS** Failure Mileage Failure Speed

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 ☐ 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 ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured **0** Number of Deaths **0** 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).

TL* THE CONTACT OWNS A 2003 MAZDA 6. THE CONTACT STATED THAT NHTSA CAMPAIGN NUMBER: 15V34500 (AIR BAGS) EXCEEDED A REASONABLE AMOUNT OF TIME FOR REPAIR. THE DEALER STATED THAT THAT THE PART NEEDED TO REVISE THE DEFECT HAD NOT BEEN PRODUCED. THE CONTACT'S VIN WAS ASSOCIATED WITH THE RECALL AS OF JUNE 19, 2015. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. ~~THE VIN WAS INVALID.~~ THE CONTACT HAD NOT EXPERIENCED A FAILURE.

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 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.