

This is a copy of your Report to the U.S. Consumer Product Safety Commission submitted on 9/13/2015

#### Incident Details

Document Number: I1590199A

Report Number: [REDACTED]

Report Submitted Date: 9/13/2015

INFORMATION REDACTED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Who You Are: Consumer

Incident Description: 2006 Mazda Tribute ,right rear wheel well rusted away,leaving shock floating and banging around in wheel well  
First noticed in June 2015

Incident Date: 6/20/2015

Incident Location: Street or Highway - Route 93, New Hampshire, United States

#### Product Details

Product Description: Black 2006 Mazda Tribute

Product Category: Motorized Vehicles, Nec (3 or More Wheels)

Product Type:

Brand Name: Mazda Tribute

Manufacturer / Importer / Private Labeler Name: Mazda

Manufacturer / Importer / Private Labeler Name:

Model Name or Number: Tribute

Serial Number: 4F2YZ04146K [REDACTED]

Date Manufactured:

Manufacturer Date Code:

Manufacturer Address: Not specified

Manufacturer Website URL:

Manufacturer Phone Number:

Retailer: Quick Mazda

Retailer State: Massachusetts

#### Additional Details

Purchase Date: This date is an estimate

I still have the product in my possession. Yes

The product No  
was damaged  
before the  
incident.

The product No  
was modified  
before the  
incident.

Have you No  
contacted the  
manufacturer?

If not, do you No  
plan to contact  
them?

Explanation:

#### Your Contact Information

First Name: [REDACTED]

Last Name: [REDACTED]

Address: [REDACTED] Stoughton, Massachusetts, [REDACTED], United States

E-mail [REDACTED]

Phone Number: [REDACTED]

#### Consent

May we include Yes, you may include my Report with any attachments on SaferProducts.gov.  
your Report,  
including any  
documents or  
photographs  
that you have  
attached to  
your Report,  
but without  
your name and  
contact  
information, in  
CPSC's Public  
Database?

May we release Yes, you may release my name and contact information to the product manufacturer /importer /  
your name and private labeler.  
contact  
information to  
the product  
manufacturer /  
importer /  
private labeler  
identified in  
your Report?

I certify that I Yes  
have reviewed  
the Report and  
that the  
information  
provided in this

Report is true  
and accurate to  
the best of my  
knowledge,  
information,  
and belief.

OMB Control Number [REDACTED]