



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 125

Date Received

23-FEB-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

881296

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make MAZDA	Vehicle Model PROTEGE	Vehicle Year 2000	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12310000 12111000	Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT.	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)


Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS HIT FROM THE REAR AT 50 MPH WHICH CAUSED DRIVER'S AND PASSENGER'S SEATS TO COLLAPSE BACKWARDS, ALSO, AIR BAGS DID NOT DEPLOY, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUE ON REVERSE

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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 125 Date Received: <u>23-FEB-2001</u> 01 MAR 14 PM 2:00 OFFICE OF DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted] 676266				Reference No. 881296 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO in the absence of an address to the vehicle manufacturer.				Signature of Owner [Redacted] Date <u>3/8/2001</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>JM1BJ222V0299308</u>		Vehicle Make <u>MAZDA</u>	Vehicle Model <u>PROTEGE</u>	Vehicle Year <u>2000</u>	Current Odometer Reading <u>5,100</u>
Purchase Date <u>Oct. 2000</u>	Dealer's Name <u>Delray Mazda</u>		Engine Size (CID/CC/L) <u>4</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used
City <u>Delray Beach</u>	State <u>FL</u>	Zip Code <u>33483</u>	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag
<input checked="" type="checkbox"/> Cruise Control <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport/Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	<u>NOT SURE</u>
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12310000 12111000	Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures	Date(s) of Failure(s) <u>2/15/2001</u> Mileage at Failure(s) <u>5,100</u> Vehicle Speed at Failure(s) <u>20-25</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>2</u>	Number of Fatalities	Estimated Property Damage <u>UNKNOWN</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
VEHICLE WAS HIT FROM THE REAR AT 50 MPH WHICH CAUSED DRIVER'S AND PASSENGER'S SEATS TO COLLAPSE BACKWARDS, ALSO, AIR BAGS DID NOT DEPLOY, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. *AK					

CONTINUE ON BACK IF NEEDED

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