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

2008 DEC 30 AM 7:50

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
09-DEC-2008	Reference No. 10251168

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City EAST WINDSOR	State CT	Zip Cod [redacted]	Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ~~☒ NO~~
In the absence of [redacted] e or address to the vehicle manufacturer.
Signature of Owne [redacted] Date 12/14/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4F2YZ94163[redacted]	MAZDA	TRIBUTE	2003

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
10-05-02	MoRAnde MAZDA	860-643-5135	No: Cylinders 6	GAS
Original Owner ☐	Dealer's City	State / Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control			15-OCT-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC	Failure Mileage	Failure Speed
	40000	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: DOTMAL9ABC036)	☐ 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	0	0	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 TRIBUTE. THE CONTACT STATED THAT HIS VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 07V157000 (SERVICE BRAKES, HYDRAULIC:ANTI LOCK:CONTROL UNIT/MODULE). HE WAS EXPERIENCING ISSUES WITH THE ABS. THE MODULAR CONNECTOR HAD TO BE REPLACED BECAUSE IT LOST CONNECTION WITH THE COMPUTER AND LOCKED THE BRAKING SYSTEM. WHILE DRIVING BETWEEN 35-45 MPH, THE FRONT PASSENGER SIDE WHEEL FROZE AND SLOWED DOWN THE VEHICLE. A MECHANIC REPAIRED THE FAILURE BECAUSE THE WHEEL WOULD LOCK AND CAUSE THE VEHICLE TO SPIN. THE CONTACT CALLED THE MANUFACTURER TO INQUIRE ABOUT A RECALL, AND WAS INFORMED THAT THEY WOULD NOT PROCESS A REIMBURSEMENT BECAUSE HE DID NOT TAKE THE VEHICLE TO AN AUTHORIZED DEALER FOR REPAIR. THE FAILURE MILEAGE WAS 40,000.

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

[redacted]
East Windsor, Ct [redacted]

National Highway
Traffic Safety
Administration

Enclosed are copy's of:

Recall 07V157000
Requirements for Reimbursement
Reimbursement Application Form
Work Invoices

I never received notice of a recall in writing or verbally. I took my Tribute to my repair shop with problems with the brakes. Repair shop diagnosed the ABS Module problem and stated unsafe to drive. Repair shop ordered parts and did the repairs.

My reimbursement application was declined by Mazda. Reason for decline:
Repairs not done at a Mazda dealer

Please note requirements for reimbursement.

Thank you for your help in this matter.

[redacted]

Recall 07V157000: ABS Module Connector Defect

Notes

MAKE/MODELS: MODEL/BUILD YEARS:

Mazda/Tribute 2001-2004

MANUFACTURER: Mazda Motor Corp.

NHTSA CAMPAIGN ID NUMBER: 07V157000 MFR'S REPORT DATE: March 30, 2007

COMPONENT: Service Brakes, Hydraulic: Antilock: Control Unit/Module

POTENTIAL NUMBER OF UNITS AFFECTED: 95300

SUMMARY:
On certain sport utility vehicles equipped with ANTILOCK Brakes (ABS), the ABS module connector may have missing or dislodged wire seals. this condition could allow contamination to enter the module connector, creating a potential for an electrical short.

CONSEQUENCE:
An electrical short might cause an ABS malfunction that would illuminate the ABS warning light, and in some cases, the module may overheat resulting in burning odor, smoke, and/or fire. This condition could occur either when the vehicle ignition switch is in the off position or while the vehicle is being operated.

REMEDY:
Dealers will inspect the wire harness connector to the ABS module for missing or dislodged wire seals, and repair or replace the harness connector as appropriate. The dealer will also inspect the connector on the ABS module and replace it if it is found to be corroded or damaged. The recall began on April 30, 2007. Owners may contact Mazda at 1-800-222-5500.

NOTES:
Mazda recall No. 4507C. Customers may also contact The National Highway Traffic Safety Administration's Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153), or go to http://www.safercar.gov.

Requirements for Reimbursement

You have an original or legible copy of the paid repair order or invoice receipt showing:
• Description of the concern reported

• Vehicle model and year, and vehicle identification number
• Repair date
• Repair mileage
• Name, address, and telephone number of the authorized Mazda Dealer or a licensed repair shop where such repairs were performed
• Your name and address at the time of repair

Mail this reimbursement application form to:
Mazda North American Operations
PO Box 5049
Lake Forest, CA 92609-8549

1. Complete the Reimbursement Application Form found on the reverse side of this page.
2. Mail the Reimbursement Application Form with a legible copy of the paid repair order and/or invoice.
3. Retain copies of the paid repair order or invoice and this application form for your records.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

Reimbursement Application Form

Recall - ABS Module Connector Defect

Note:

REIMBURSEMENT APPLICATION FORM

2001 - 2004 Mazda Tribute Anti-Lock Brake System (ABS) Voluntary Safety Recall 4001C

(Please type or print)

Name: [redacted]
First Middle Last

Address: [redacted]
Street Address

East Windsor CT [redacted]
City State Zip Code

Phone Number: Home: [redacted]

Work: [redacted]

Vehicle Identification Number (VIN): 4F2Y2941A3[redacted]
(17 digit - single)

Total Amount of Reimbursement Requested: _____
Dollars Cents

INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:

- Please read thoroughly
- Fill in vehicle identification number
- Sign the General Release below.

General Release

I am submitting to Mazda Motor Corporation ("Mazda") a claim for reimbursement for all inspection, repair or replacement of the ABS module and/or front harness. The vehicle identification number (VIN) is:

VIN _____

In exchange for Mazda's payment of this claim, I hereby release Mazda, its agents, and its related entities from all claims for each and every/any/all cause. This release shall benefit Mazda and its authorized agent Mazda North American Operations, its regional distributors (foreign and domestic), its authorized dealerships, and all their respective directors, officers, agents, employees, divisions, subsidiaries, and affiliated companies. This release shall bind my heirs, successors and assigns.

Dated: _____ Signed: _____

Don's Auto Care Center, LLC

14 North Road
East Windsor, CT 06088
Shop Phone: (860) 292-8917

Invoice
12040
Estimate Ref #60,808
Date Printed: 10/10/2008
Printed Time: 2:26 pm

Job/Ref: Don's Auto Care Center, LLC Time Promised:

[redacted]
BROAD BROOK, CT [redacted]
Home: [redacted]
Cell: [redacted]

2003 MAZDA TRIBUTE LX V6 3.0L 2954CC FI GAS N
VIN: 4F2YZ94163[redacted]
License: [redacted] Mileage In: 0 Date Written: 10/09/2008
Unit #: Mileage Out: 29,668 Written By
DOM: 08/02 Save Old Parts: No

Job Name	Description	Technician	Qty	List	Extended
Job #1					
Note/Title					
CK ABS / COOLANT SERV					
				Job Total:	*0.00*
COOLANT SERVICE	**No Description Given**				
Labor 1	Work Requested - COOLANT SERVICE				74.00
	Work Performed - DRAIN RADIATOR, REMOVE & CLEAN OVER FLOW JUG, FILL SYSTEM & PRESSURE TEST				
Part ANTI11	ANTIFREEZE		2.00	12.32	24.64
				Job Total:	*98.64*
Job #3	**DIAGNOSED ABS PROBLEM, FOUN...**				
Labor 1	Work Requested - DIAGNOSED ABS PROBLEM, FOUND INTERMITATE ABS MODULE NO COMMUNICATION. FOUND RECALL FOR ABS, SUGGESTS VEHICLE BE BROUGHT BACK TO DEALER				148.00
				Job Total:	*148.00*

CHECK OUT OUR WEBSITE
DONSAUTOCARECENTER.COM

Payment Date	Type	Method	Amount
		Payment Totals:	

Parts:	$24.64
Labor:	$222.00
Sublet:	$0.00
Misc:	$0.00
Hazmat:	$0.00
Supplies:	$7.25
Tax:	$15.23
Invoice Total:	**$269.12**

Thank you for your business!

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

Authorized By _____ Date _____ Time _____

Don's Auto Care Center, LLC

14 North Road
East Windsor, CT 06088
Shop Phone: (860) 292-8917

Invoice

12075

Estimate Ref #60,838
Date Printed: 10/15/2008
Printed Time: 3:47 pm

Hat/Ref:

Don's Auto Care Center, LLC

Time Promised:

[redacted]
BROAD BROOK, CT [redacted]
Home: [redacted]
Cell: [redacted]

2003 MAZDA TRIBUTE LX V6 3.0L 2954CC FI GAS N
VIN: 4F2YZ94163[redacted]
License [redacted]
Unit #:
DOM: 08/02

Mileage In: 0
Mileage Out: 29,670

Date Written: 10/15/2008
Written By:
Save Old Parts: No

Job Name		Description	Technician	Qty	List	Extended
Job #1		**REPLACED ABS MODULE AND HAR..**				
Labor 1		Work Requested - REPLACED ABS MODULE AND HARNESS				222.00
Part	ECY167SH0	HARNESS		1.00	44.71	44.71
Part	ECY26765XA	ABS CONTROL MODULE		1.00	315.70	315.70
					Job Total:	*582.41*

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DONSAUTOCARECENTER.COM

Payment Date	Type	Method	Amount
		Payment Totals:	

Parts:	$360.41
Labor:	$222.00
Sublet:	$0.00
Misc:	$0.00
Hazmat:	$0.00
Supplies:	$0.00
Tax:	$34.94
Invoice Total:	**$617.35**

Thank you for your business!

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

Date _____ Time _____