



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

05-FEB-2009

Repository

Reference No.
10257608

OWNER INFORMATION (Type or Print)

Name

Address

City

CANTON

State

OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, your name or address to the vehicle manufacturer.

Signature of Owner

Date 2/13/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

JM1FC3525L

Make

MAZDA

Model

RX7

Model Year

1990

Date Purchased

7/01/96

Dealer's Name and Telephone Number

Kempthorn

Engine:

No: Cylinders

Fuel Type:

2 ROTARY Gasoline

Original Owner

Dealer's City

CANTON Oh

State

Oh

Zip Code

44705

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

REAR wheel

Multiple Failure:

Incident Date(s)

30-JUN-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS

Failure Mileage

81000

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Bridgestone

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 1990 MAZDA RX7. THE CONTACT STATED THAT THE FRONT DRIVER'S AND PASSENGER SIDE AUTOMATIC SHOULDER BELT FAILED TO RETRACT. THE SHOULDER BELT WAS INOPERATIVE. THE AUTHORIZED DEALER WAS NOTIFIED OF THE FAILURE AND STATED THAT THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 96V173000 (SEAT BELTS:FRONT, WEBBING), ALTHOUGH THE FAILURES WERE IDENTICAL. THE FAILURE MILEAGE WAS 81,000 AND CURRENT MILEAGE WAS 82,000.

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.