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

2009 JUN 11 PM 3:02

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	Repository ☐
28-MAY-2009	Reference No. 10270173

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City LEXINGTON	State OH	Zip Code [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	
Evening Telephone Number	

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

Signature of Owner [redacted] Date 6/2/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4F2YZ02B54KI[redacted]	MAZDA	TRIBUTE	2004

Date Purchased 04	Dealer's Name and Telephone Number			Engine: No: Cylinders 4	Fuel Type: Regular Unleaded
Original Owner ☑	Dealer's City	State OH	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 28-MAY-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL	Failure Mileage 90000	Failure Speed 15

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 ☐ 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 2004 MAZDA TRIBUTE. WHENEVER THE VEHICLE COMES TO A STOP AND THE CONTACT DEPRESSES THE CLUTCH, THE ENGINE REVS. IT FEELS AS IF THE VEHICLE WILL ACCELERATE INSTEAD OF COMING TO A STOP. THE FAILURE OCCURS DAILY AND WAS RECENTLY NOTICED WHILE DRIVING 15 MPH. HE TOOK THE VEHICLE TO THE DEALER AND THEY STATED THAT THE ACCELERATOR CABLE WAS STUCK AND NEEDED TO BE REPLACED. THROUGH RESEARCH, THE CONTACT FOUND NHTSA CAMPAIGN ID NUMBER 04V583000. THE DEALER STATED THAT HIS VIN WAS NOT INCLUDED IN THE RECALL. THE CONTACT BELIEVES THAT IF THE FAILURES ARE IDENTICAL, THEN HIS VEHICLE SHOULD BE COVERED. THE CURRENT AND FAILURE MILEAGES WERE 90,000.

In addition, I had to repair this defect at my own expense. The shop showed me the damaged accelerator cable. It was also apparent that the replacement part from Mazda looks significantly different than the one removed.

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