



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
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received

29-MAY-2003

Repository

Reference No.
701
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City STATE COLLEGE State PA Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [Redacted]

Date 5/1/03

VEHICLE INFORMATION

17-323 Vehicle Identification Number (VIN) 453BH44537683473
Make SUBARU Model OUTBACK Model Year 2000
Date Purchased FEB. 2000 Dealer's Name and Telephone Number *Toll free 800-473-1498*
STOCKER'S (610) 238-4905 Engine: No. Cylinders 4 Fuel Type: REG.
Original Owner: Dealer's City STATE College State PA Zip Code 16801
Transmission Type Automatic AND Antilock Brakes Powertrain Vehicle Component Code 180000 VEHICLE SPEED CONTROL
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) MAY 23 2003 Failure Mileage 33,000 Failure Speed

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: DOTM1ALQABC036) 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 Number of Deaths 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).

WHILE GOING BACKWARDS AND WITHOUT ANY INDICATION VEHICLE LOST CONTROL AND RAN INTO A TREE. CONSUMER PLACED VEHICLE INTO PARK V ENGINE WAS IDLING HIGH. PLEASE PROVIDE FURTHER INFORMATION *AK
while going backing into garage the vehicle accelerated, and went through the back of garage onto deck 12 ft. high and stopped by a tree. Then engine was running and it continued to Park. Smoke was coming out of the hood.

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 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.