



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 386-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or ballpoint
or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received _____
Order _____
rpt _____
3rd _____
uptr _____
10027307

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME _____
STREET NO. _____ APT. NO. _____
CITY Parsippany STATE NT
ENTER ZIP CODE _____

ZIP CODE _____ AREA CODE _____

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 and address to the vehicle manufacturer.

SIGNATURE OF OWNER

7/4/03
DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 453866855X6655477 VEHICLE MAKE Subaru VEHICLE MODEL Legacy Outback MANUFACTURE DATE _____ MODEL YEAR 1999

VEHICLE MANUFACTURER

☐ BMW ☐ Ford ☐ Honda ☐ Nissan ☒ Subaru ☐ Volvo ☐ Other _____
☐ Daimler/Chrysler ☐ General Motors ☐ Hyundai ☐ Isuzu ☐ Toyota ☐ VW

PURCHASE DATE

☐ New
☒ Used

DEALER'S NAME

CITY

STATE

ZIP CODE

ENGINE SIZE

(CID/CC/L) 2.5L

NO. CYLINDERS

4

FUEL SYSTEM

☐ Turbo
☒ Fuel Injection

FUEL TYPE

☐ Diesel
☒ Gas

TRANSMISSION TYPE

☒ Manual
☐ Automatic

ANTILOCK BRAKES

☒ Yes
☐ No

RESTRAINT SYSTEM

☒ Driverside Airbag ☐ 2-Point Belt
☐ Passengerside Airbag ☐ Motorbelt
☒ 3-Point Belt

CRUISE CONTROL

☒ Yes
☐ No

DRIVETRAIN

☐ Front ☒ 4-Wheel
☐ Rear

VEHICLE TYPE

☒ Car ☐ Minivan ☐ Truck ☐ Other _____
☐ Van ☐ Sport Utility ☐ Motorcycle

DOORS

☐ 2-Door
☒ 4-Door

BODY STYLE

☐ Hatchback ☐ Sedan
☐ Pick Up Truck ☒ Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT

☐ Child Seat
☐ Electrical Lights & Alarms
☐ Engine & Cooling System
☐ Equipment
☐ Fuel System, Exhaust
☐ Heater, Defrost, Ventilation
☐ Interior
☐ Parking Brake
☒ Power Train
☐ Service Brakes
☐ Steering
☐ Structure
☐ Suspension
☐ Visual Systems
☐ Other _____

NO. OF FAILURES

56 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

INCIDENT DATE

June, 2003

MILEAGE AT INCIDENT

77,000

VEHICLE SPEED AT INCIDENT

40-65 MPH

FAILED PART(S)

☒ Original
☐ Replacement

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).

TIRE NAME

COMPLETE TIRE SIZE

TIRE BRAND

☐ BF Goodrich
☐ Cooper
☐ Firestone
☐ Goodyear
☐ Kelly Springfield
☐ Michelin
☐ Yokohama
☐ Other _____

HANDICAPPED ADAPTIVE

☐ Yes ☒ No

FAILED PART(S) AVAILABLE?

☒ Yes ☐ No

NHTSA PREVIOUSLY CONTACTED?

☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

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

CRASH

☐ Yes
☐ No

FIRE

☐ Yes
☐ No

NUMBER OF PERSONS INJURED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF FATALITIES

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

CAUSE OF INCIDENT

☐ Wear/Corroded/Rust
☐ Weak/Poor Fit/Loose
☐ Cut/Torn
☐ Disconnect/Fall Off
☐ Erratic/Poor Performance
☐ Excessive Effort
☐ Noise
☐ Loose
☐ Short
☐ Loose/Sticks/Cracks
☐ Stability/Vibration
☐ Broken

RESULT OF INCIDENT

☐ Explosion/Fire
☒ Loss of Control
☐ Poor Visibility
☐ Inadvertent Start
☐ Rollover
☐ Stalls
☐ Sudden Acceleration

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

Vehicle dropped out of 5th gear due to manufacturer failing to peer packing nut on 5th gear causing the nut to back off leaving play in 5th gear so that it would drop out of 5th. This would cause the engine to race (when using cruise control) and was hazardous when passing as the car would suddenly be out of gear and decelerating while the guy behind me was also trying to pass the same vehicle that I was in a short passing zone.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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.

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 78178 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER QUESTIONNAIRE (VOLUNTARY)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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