



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100145

Date Received  
2003 AUG -7 PM 11:  
23-JUL-2003

Repository   
59  
Reference No.  
10029969

**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
Address [Redacted]  
City PLAINVIEW State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted] 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, NHTSA will not provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 8/11/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)  
4S3BH686XY7632648  
Make SUBARU Model OUTBACK Model Year 2000  
Date Purchased 12/99 Dealer's Name and Telephone Number HANFORD SUBARU Engine: No. Cylinders 4 Fuel Type: GAS  
Original Owner  Dealer's City Westport State NY Zip Code 11793  
Transmission Type Auto  Antilock Brakes  Cruise Control Powertrain  
Vehicle Component Code Left Rear Trailing Arm  
482300 SUSPENSION FRONT CONTROL ARM  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 03-APR-2002  
3-24-03  
Failure Mileage 35,765  
Failure Speed 0

**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: DOTMALSABC056)  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).

REAR LEFT TRAILING ARM BROKE IN HALF. DEALER NOTIFIED. \*AK  
Part replaced by Roshyn Auto Express (local shop). I am in custody of broken part. Subaru America was notified of all of the above around the date of replacement listed above.  
Cost of repair was \$468.72. - This has not been reimbursed by Subaru

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

The Privacy Act of 1974 (Public Law 93-599) 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.