



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 100161

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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: PHILADELPHIA State: PA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:  
Evening Telephone Number:

Do you authorize NHTSA to provide your name and address to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 09/26/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [REDACTED]  
Make: SUBARU Model: OUTBACK Model Year: 2000  
Date Purchased: 03.2000 Dealer's Name and Telephone Number: WILKIE SUBARU 2152324000  
Engine No: Cylinders: Fuel Type:  
Original Owner:  Dealer's City: PHILADELPHIA State: PA Zip Code: 19130

Transmission Type:  Antilock Brakes:  Powertrain: [REDACTED] Vehicle Component Code: 161000 STRUCTURE:FRAME AND MEMBERS  
 Cruise Control Multiple Failure: 1

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

Incident Date(s): Failure Mileage: 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: D0THA19ABC035):  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), location, and date(s).)

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).

CONSUMER RECEIVED RECALL NOTICE 03V153000 CONCERNING REAR SUSPENSION SUBFRAME CORROSION IN JULY 2003. DEALER STILL DOES NOT HAVE THE PARTS AVAILABLE TO REPAIR THE RECALL DEFECT. \*AK

Include, if available: Police/Fire Department Report, Photos, and Recent Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.