



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

2003 OCT

FOR AGENCY USE ONLY 1367

Date Received
-1 PM 10:22
03-SEP-2003

Repository
Reference No.
10038080

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: NEWBURG 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?
In the absence of Signature of Owner: [REDACTED] YES NO
Date: 9/12/03

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 453BH6865Y76L5109
Make: SUBARU Model: OUTBACK Model Year: 2000

Date Purchased: Sept. 30, 1999 Dealer's Name and Telephone Number: Cumberland Valley Motors 800-382-1436 717-697-9448
Original Owner: [REDACTED] Dealer's City: Mechanicsburg State: PA Zip Code: 17055 Engine No: Cylinders: 4 Fuel Type: gas

Transmission Type: Automatic Antilock Brakes Powertrain: Four wheel Drive
 Cruise Control Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION
Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): Aug 31, 2003 Failure Mileage: 67000 Failure Speed: 0 Automatic Transmission

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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).

WHEN SHIFTING FROM ONE GEAR TO ANOTHER WITH THE GEAR SHIFTER VEHICLE HAS A DELAYED RESPONSE BEFORE ENGAGING *AK
Drove vehicle to the edge of a steep down slope - stopped then put vehicle into reverse - took foot off brake and onto accelerator to reverse and vehicle continued forward because of shift lag. Later had to back onto highway stopped and put vehicle into drive but vehicle would not move due to shift lag again. Cumberland Valley Motors cancelled appointment for repair on 9/12/03 re-scheduled 10/1/2003

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Reported Safety Defect to Subaru of America Subaru Plaza PO
Box 6000 Cherry Hill NJ 08034-6000 ph 1-800-782-2783 on Sept
3, 2003 to Barry case #533767

At time of incidents we were highly concerned for the safety of
all passengers in our vehicle and in the second case for the safety
of oncoming vehicles and passengers

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE
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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 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, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
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QUESTIONNAIRE**

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and dial toll free at

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DOT Auto Safety Hotline
(DASH) 2 DOT



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