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 252

2003 006 -8 P2:09 2: 19

Date Received	Repository ☐
	Reference No. 10038415

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City LA CROSSE	State WI	Zip Code [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 _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4S3BK4258V7324962	SUBARU	LEGACY	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
9/15/97	DAHL FORD LACROSSE, INC			No. Cylinders	
Original Owner ☒	Dealer's City LA CROSSE	State WI	Zip Code 54601	4	REGULAR

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☐ Antilock Brakes ☒ Cruise Control	AWD	063140 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM:EMISSION
			Multiple Failures: ✗ 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~09/97/2002~~ 2/11/03	70000	NA	

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: DOTMALSABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 said part is available).

VEHICLE IS LEAKING OIL FROM REAR SEPARATOR PLATE AND OIL PUMP SEAL, CAUSING ~~BLUE SMOKE TO COME OUT OF THE REAR MANIFOLD TYPE AR~~ COPIOUS AMOUNTS OF SMOKE BILLOWING OUT FROM UNDER HOOD AND OUT OF FRONT WHEEL WELLS WHEN I STOP AFTER DRIVING SEVERAL MILES

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

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

At about 70000 miles When drive several miles + stopped ~~around stoplight~~ smoke began coming out of the Engine Compartment, and out the wheel wells at front of car. Taken several minutes to subside
Have there been any fires due to this defect?
I am told that this situation is fairly common and that Subaru has made changes in new models of Legacy
In casual conversation 3 other Legacy owners, when cars were talked about, 2 other drivers mentioned they same problem

[redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY 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 OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

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1-888-327-4236

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