



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

Date Received

2004 OCT 19 PM 1:11
07-SEP-2004

Repository

Reference No.
10091500

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BALTIMORE State MD Zip Code [REDACTED]

Daytime Telephone Number

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 9/10/04

VEHICLE INFORMATION

17 digit vehicle Identification Number Located at bottom of windshield on driver's side
4S4BT61C237 [REDACTED]
Make SUBARU Model BAJA Model Year 2003
Date Purchased 8/11/04 Dealer's Name and Telephone Number Russel Automotives
Original Owner Dealer's City Baltimore State M.D. Zip Code 21228
Engine: No: Cylinders 4 Fuel Type: Gas
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE
Vehicle Component Code 063140 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM:EMISSION
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-SEP-2004 Failure Mileage Failure Speed 55

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: DOTM19ABC036) 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 0 Number of Deaths 0 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).

WHILE DRIVING, AN ODOR WAS COMING FROM THE VENT AREA. THE DRIVER NOTICED THAT THE STEERING WHEEL VIBRATED UNCONTROLLABLE. THE CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE AND DROVE IT TO THE DEALER FOR INSPECTION. THE MECHANIC INFORMED THE CONSUMER THAT THE PROBLEM COULD NOT BE DUPLICATED. THE CONSUMER INFORMED THE MECHANIC THIS PROBLEM HAS OCCURRED MORE THAN ONCE AND HAS NOT BEEN RESOLVED. PLEASE FILL IN ADDITIONAL INFORMATION. *JB
1. AN ODOR PROBLEMS MELT LIKE ROTTEN, PUT CAR IN DEALER SHOP NO LEST 40R5 TIMES "MECHANIC SAID IT WAS FIX AND THE EXCELARATOR WAS ALSO CHECK
2. WHEN CAR WAS CUT OFF KEY IN HAND AND FOOT BRAKE MOTOR COMES ON BY IT SELF REVVS UP FROM 0 TO RED AREA

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 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)

Foul Smelling Odor
Car exch. water on own
when driving and when in Park
Description: Switch turned on on own
without key in it. Motor comes on and
revs up to 5000 RPM. Being a cardiac
disabled person odor causes nausea/
vomiting, SOB and headaches. Unsafe to
drive causing increase anxiety. We notified
and taken card into Russell Toyota 3 times. They tell me
that there is no problem w/ requesting a Trade in for
a sales car and one of General Valium.

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
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

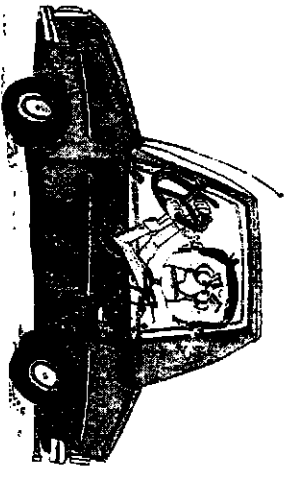
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4236

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