



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

FOR AGENCY USE ONLY 100222

Date Received

10-SEP-2004

11:50

Repository

Reference No.

10091782

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: LOUISVILLE State: CO Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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: 09/20/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: JF1GD24336 [REDACTED]
Make: SUBARU Model: IMPREZA Model Year: 2003

Date Purchased: 09/2003 Dealer's Name and Telephone Number: Flatirons Subaru (303) 443-0114
Engine: No. Cylinders: 4 Fuel Type: Gas

Original Owner: [REDACTED] Dealer's City: Boulder, CO State: CO Zip Code: 80305

Transmission Type: MANUAL Antilock Brakes Cruise Control Powertrain: ALL WHEEL DRIVE
Vehicle Component Code: 221200 SEATS:FRONT ASSEMBLY:RECLINER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 09/20/03
Failure Mileage: 1000 Failure Speed: 35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/66R15): [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: 1 Number of Deaths: 0 Reported to Police: Y

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).

AFTER BEING INVOLVED IN A HEAD ON COLLISION A RECALL NOTICE WAS RECEIVED STATING THAT THE BOLT ON DRIVER'S SEAT WAS DEFECTIVE AND INJURY WAS IMMINENT. DURING THE COLLISION DRIVER'S SEAT BOLT BROKE, AND CONSUMER WAS THROWN UNDER THE DASHBOARD, AND SUSTAINED INJURIES. *AK

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 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)

Broke Patella (knee) - completely smashed into dashboard
Cervical Fracture - C1 in 2 places
Pneumothorax = hole in lung

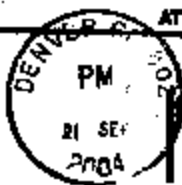
Neck Pain has not subsided and has resulted
in continuous neck/head/shoulder pain & loss
of productivity.

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



ATTACH ADDITIONAL SHEETS IF NECESSARY

GREETINGS
FROM
Far Far Away



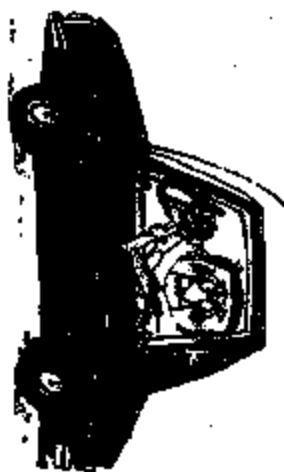
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 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



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National Highway Traffic Safety
Administration
http://www.nhtsa.dot.gov/defects



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and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



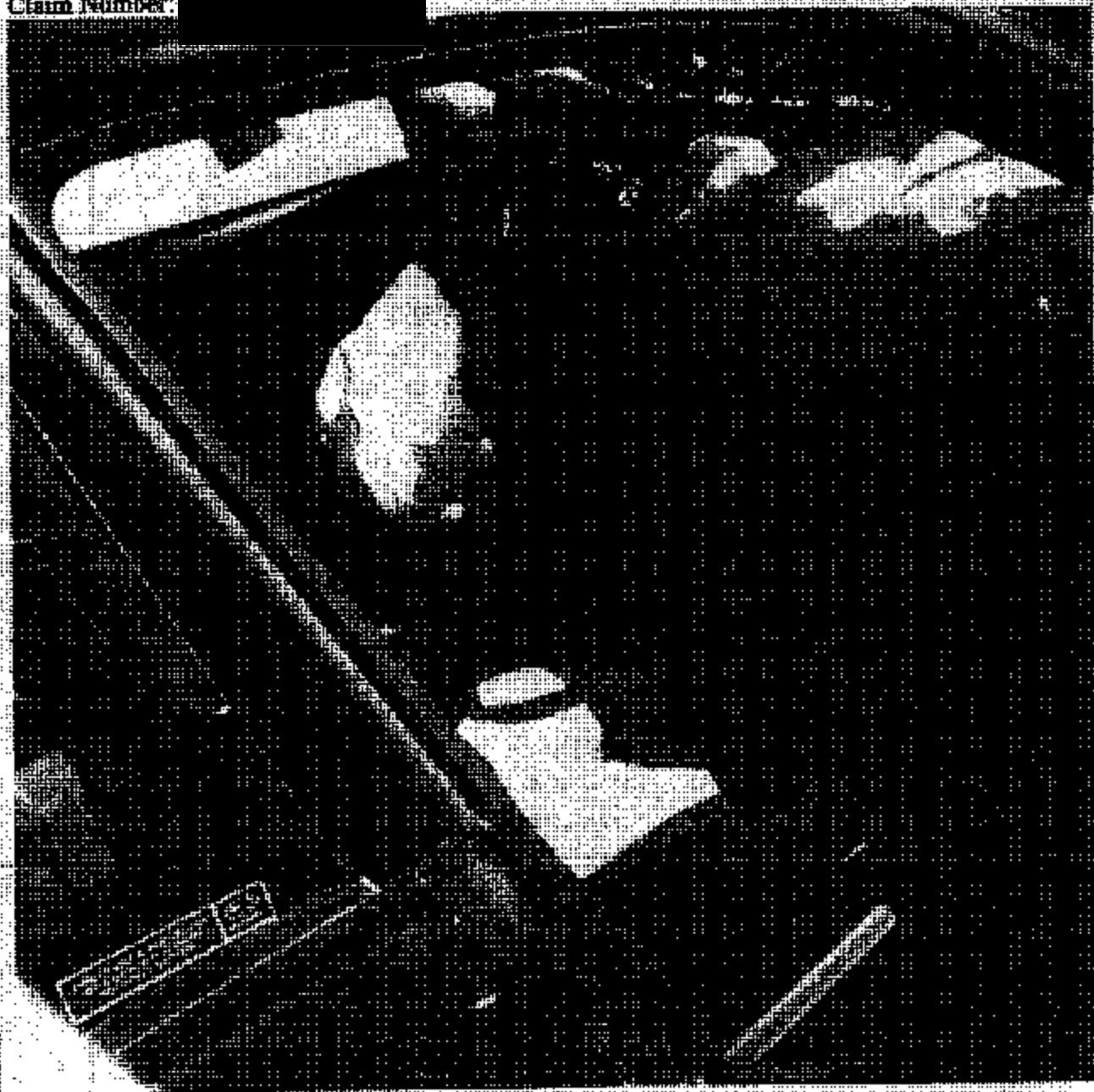
**VEHICLE
OWNER'S**

Effects: Invert XRay Flip Left Flip Up

Zoom: 50% 75% 100% 125% 150% 200% 300% 400%

IV, IDENTIF

Claim Number:



To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.