



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-DDT 207 DEC - 7
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received **11/23/04** Repository
Reference No.
10099367

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **BROOKINGS** State **OR** Zip Code [REDACTED]

Daytime Telephone Number E-mail Address

[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: [REDACTED] Date **11/23/04**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4S4BP61C657 [REDACTED] Make **SUBARU** Model **OUTBACK** Model Year **2006**
Date Purchased **25-SEP-04** Dealer's Name and Telephone Number **1-800-866-9756** Engine: No. Cylinders **4** Fuel Type: **Gas**
Original Owner Dealer's City **Southern Oregon Subaru 541-245-2039** State **OR** Zip Code **97504**
Transmission Type **AUTOMATIC** Antilock Brakes Cruise Control Powertrain **FRONT WHEEL DRIVE** Vehicle Component Code **121000 EXTERIOR LIGHTING:HEADLIGHTS**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **18-OCT-2004** Failure Mileage **1000** Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/85R15)
DOT No. (Example: DOTM19ABC038) 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 **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).

CONSUMER FEEL THAT THE HEADLIGHT ARE POINTED TOO LOW TO THE GROUND. THIS CAUSES POOR VISIBILITY WHILE DRIVING AT NIGHT.
DEALER WAS CONTACTED, AND INFORMED THE CONSUMER THAT THE HEADLIGHTS COULD NOT BE ADJUSTED AND THAT IT MET THE
SPECS. *AK

Photo included

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)

*Visibility cut in half - Visibility poor at night - only
half of road is illuminated. Upper portion of beam is
blacked out, similar to being in a cave with a flashlight.*

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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
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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

