



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 2005 JAN 26 AM 5:42
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100182

Date Received

Repository

Reference No.
10106663

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City RESCUE State CA Zip Code _____

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 authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/15/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
453BH6658Y7

Make
SUBARU

Model
OUTBACK

Model Year
2000

Date Purchased
9/27/2000

Dealer's Name and Telephone Number
ROSEVILLE MAZDA-SUBARU (916) 786-6611

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City
ROSEVILLE State CA Zip Code 95661

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
ALL WHEEL DRIVE

Vehicle Component Code
103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
30 NOV 2004
6/1/04

Failure Mileage
58000

Failure Speed

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: DDTMAL9ABC030)

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 _____ Number of Deaths _____ 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).

CONSUMER COMPLAINED ABOUT A TRANSMISSION PROBLEM. VEHICLE DELAYED WHEN IT WAS PUT INTO DRIVE. ALSO, CONSUMER WOULD BE DRIVING AND SUDDENLY THE TRANSMISSION WOULD GO INTO NEUTRAL WITHOUT CHANGING GEARS. CONSUMER CONTACTED THE DEALER WHO RECOMMENDED THAT THE TRANSMISSION NEEDED TO BE REPLACED. *AK

COMPLAINED TO DEALER AT 59,699 (60,000 MILE SERVICE) THAT THERE WAS A TRANSMISSION PROBLEM. DEALER DID NOT DOCUMENT COMPLAINT. DEALER COULD NOT FIND PROBLEM. AFTER 3 MORE VISITS TO DEALER, IT WAS CONFIRMED THAT TRANSMISSION NEEDED TO BE REPLACED.

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

The Privacy Act of 1974, Public Law 93-578 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.

DEALER

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**