



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 100148

Date Received

24-JUN-2005

Repository

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Reference No.
10126528

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SOUTH LAKE TAHOE State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an Signature of Owner [REDACTED] or address to the vehicle manufacturer. YES NO
Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 4S4BP61CX57 [REDACTED]
Make SUBARU Model OUTBACK Model Year 2005

Date Purchased 15-MAY-05 Dealer's Name and Telephone Number SOUTH SHORE MOTORS 530-541-4070 Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner Dealer's City SOUTH LAKE TAHOE State CA Zip Code 96158

Transmission Type Antilock Brakes Powertrain ALL WHEEL DRIVE Vehicle Component Code 152000 SEAT BELTS:REAR
AUTOMATIC Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-JUN-2005 Failure Mileage 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: DOTM19ABC036) Original Equipment Failure Location:
 Prior Repair
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).

DT: CONTACT STATED THE WHEN SOMEONE WAS SITTING IN REAR MIDDLE SEAT THAT SEAT BELT WOULD UNLOCK THE LEFT SEAT BELT. SERVICE DEALER STATED THEY WOULD INFORM THE MANUFACTURER OF THIS ISSUE, THEY DID SUBMIT A COMPLAINT, BUT IT MAY TAKE UP TO 6 MONTHS BEFORE THE PROBLEM COULD BE CORRECTED. CONTACT SEARCHED DIFFERENT VEHICLES OF THE SAME MAKE/MODEL AND THEY ALL HAD THE SAME TYPE OF SEAT BELTS. *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 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.