



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 **2005 DEC 18**
18-NOV-2005
Repository ☐
Reference No.
10142888

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **TRIAD** State **NC** 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? ☒ YES ☐ NO
In the absence of an **[REDACTED]** provide your name or address to the vehicle manufacturer.
Signature of Owner **[REDACTED]** Date **11/1**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4S4W83C3 [REDACTED] Make **SUBARU** Model **80 TRIBECA** Model Year **2006**
Date Purchased **27-AUG-05** Dealer's Name and Telephone Number **SUBARU/BUDD BAKER 724-222-0700** Engine: **[REDACTED]** Fuel Type: **Gas**
Original Owner ☒ Dealer's City **WASHINGTON** State **PA** Zip Code **15301**
Transmission Type **AUTOMATIC** ☒ Antilock Brakes ☒ Powertrain **ALL WHEEL DRIVE** Vehicle Component Code **121000 EXTERIOR LIGHTING: HEADLIGHTS**
☒ Cruise Control Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **28-AUG-2005** Failure Mileage **000010** Failure Speed **10 mph** **The first time we drove the vehicle after dark.**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make **[REDACTED]** Tire Model (Name or Number) **[REDACTED]** Tire Size (Example P215/85R15) **[REDACTED]**
DOT No. (Example: DOTM19ABC036) ☐ 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), Fatality, 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).

01: THE CONTACT WAS ABLE TO SEE APPROXIMATELY FORTY FEET IN FRONT WITH THE HEADLIGHTS ON. THE DEALERSHIP STATED THE VEHICLE WAS MADE THAT WAY. THEREFORE, THEY HAVE NO REPAIRS TO OFFER. ***AK THEY DID TRY TO ADJUST THE LIGHTS, BUT FOUND THIS TO BE IMPOSSIBLE.**
We have to keep the high beams on at all times to see more than 40 feet in front of the vehicle; so oncoming vehicles give us the same treatment. Every other new Tribeca owner we have spoken to has the same complaint and challenge. We are concerned that if we are forced to use just the low beams, we may have an accident due to limited vision in front of us, very important in the rural areas we live in (deer + turkeys + coyotes).

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)

Before we decided to drive with the high beams on as much as possible, my husband nearly drove off the road several times in areas where our county and state roads are very windy and hilly (one cannot see far enough ahead for even the "road bend" signs.)

Several cars have swerved toward us on narrow roads when we have our high beams on. I don't know whether we are blinding them or they are just upset with us.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
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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

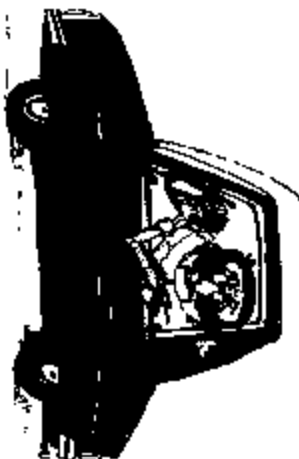
DASH2DOT

and dial toll free at

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