

 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 FEB 07 2011 08-DEC-2010		Repository ☐ Reference No. 10369658	
OWNER INFORMATION (Type or Print)					
Name		Address		City	
				CANYON COUNTRY	
State		Zip Code			
CA					
Daytime Telephone Number		Evening Telephone Number		E-mail Address	
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make		Model	
JF1GG29632r		SUBARU		WRX	
Model Year		Engine:		Fuel Type:	
2002		No: Cylinders			
Date Purchased		Dealer's Name and Telephone Number		Original Owner	
				☐	
Original Owner		Dealer's City		State	
				Zip Code	
Transmission Type		Antilock Brakes		Powertrain	
AUTO		☒			
		☐ Cruise Control		Multiple Failure: YES	
				Incident Date(s)	
				25-NOV-2010	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC				Failure Mileage	
				120000	
				Failure Speed	
				30	
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: DOTM9ABC036)		☐ 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		Fire		Number of Persons Injured	
☐ Yes ☒ No		☐ Yes ☒ No		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). TL*THE CONTACT OWNS A 2002 SUBARU WRX. WHILE DRIVING APPROXIMATELY 30 MPH THE CONTACT ATTEMPTED TO APPLY THE BRAKES AND THE ABS ACTIVATED. HE WAS UNABLE TO BRING THE VEHICLE TO A RAPID STOP. HE STATED THAT IT WAS LUCK THAT THE VEHICLE IN-FRONT TURNED LEFT; AND HE WAS ABLE TO AVOID A CRASH. THE MANUFACTURER WAS CONTACTED AND STATED THAT THEY WOULD NOT ASSIST WITH THE REPAIR, BECAUSE THE ABS FAILURE WARRANTY EXPIRED AT 36,000 MILES. THE FAILURE MILEAGE WAS 119,000 AND THE CURRENT MILEAGE WAS 120,000. THIS HAS HAPPENED SEVERAL TIMES OVER THE YEARS AND I KNOW THERE IS A HISTORY OF SUBARU ABS PROBLEMS. FINALLY I'VE HAD ENOUGH CLOSE CALLS THAT JUST SHOULD NOT HAVE BEEN. 58 YEAR OLD DRIVER. NOT A KID.					
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.					