INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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	Repository
OCT 19 2011	☐
	Reference No. 10428330

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City ASHBURN	State VA	Zip Code [redacted]	Evening Telephone Number

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	Model Year
JF1SG63616H[redacted]	SUBARU	FOREST ER	2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
06 2006	STHOLMANS				
Original Owner ☒	Dealer's City TYSONS CORNER + HERNDON	State VA	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☒ Antilock Brakes ☒ Cruise Control	AWD	ACCEL. + TRANSMISSION	11-AUG-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	104000	5

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: DOTMAL9ABC036)	☐ 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	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No			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 2006 SUBARU FORESTER. THE CONTACT STATED THAT WHILE REVERSING AT 5 MPH, THE VEHICLE SURGED BACKWARD UNTIL CRASHING INTO A HOUSE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP, BUT THE FAILURE WAS NOT DIAGNOSED. THE VEHICLE WAS REPAIRED FOR THE BODY DAMAGES. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 104,000. THE VIN WAS UNAVAILABLE. TRANSMISSION FAILED ALSO AS DETERMINED BY BODY SHOP & ALL STATE. SUBARU CORPORATE ALSO NOTIFIED OF FAILURES AFTER 10-3-11

ORIG. BODY DAMAGE = $7000 plus LATER TRANS DAMAGE $3000 plus

NO CAUSE FOR ACCELERATION DETERMINED

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