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: NOV 15 2013
30-SEP-2013

Repository ☐

Reference No. 10546227

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City SAN MATEO | State CA | Zip Code [redacted]
Daytime Telephone Number [redacted]
Evening Telephone Number SAME
E-mail Address [redacted]

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
4S4BP61C85[redacted] 4S4BP61C866[redacted]	SUBARU	OUTBACK	2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
AUG 11 2006	ALBANY SUBARU			4	GAS
Original Owner ☒	Dealer's City ALBANY, [redacted] 94706	State CA	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
MANUAL	☒ Antilock Brakes ☒ Cruise Control			27-SEP-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, ENGINE (PWS)	Failure Mileage	Failure Speed
CODE 92138	45000	60

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	0	0	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 OUTBACK. THE CONTACT WAS DRIVING 60 MPH WHEN THE VEHICLE STALLED. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION AND REPAIR. THE DEALER REPLACED THE ACCELERATOR PEDAL ASSEMBLY. THE MANUFACTURER WAS NOT NOTIFIED OF THE INCIDENT. THE APPROXIMATE FAILURE MILEAGE WAS 45,000.

THE ENGINE DID NOT STALL, IT WAS RACING, BUT I HAD NO ACCELERATOR PEDAL CONTROL. I WAS LUCKILY, NEXT TO THE SHOULDER. WHEN I PULLED OVER I NOTICED THAT THE CHECK ENGINE LIGHT WAS ON, I SHUT OFF AND RESTARTED THE ENGINE AND GOT CONTROL

OVER

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

BACK. IF THIS EVENT HAD TAKED PLACE IN ONE OF THE FREEWAY/ MIDDLE LANES IT COULD HAVE ENDED IN DISASTER. SINCE THE DEALER REPLACED THE ACCELERATOR ASSY. THE CAR HAS BEEN FINE, BUT JUST THAT THIS WAS ABLE TO HAPPEN SEEMS LIKE A DANGEROUS DESIGN FLAW.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

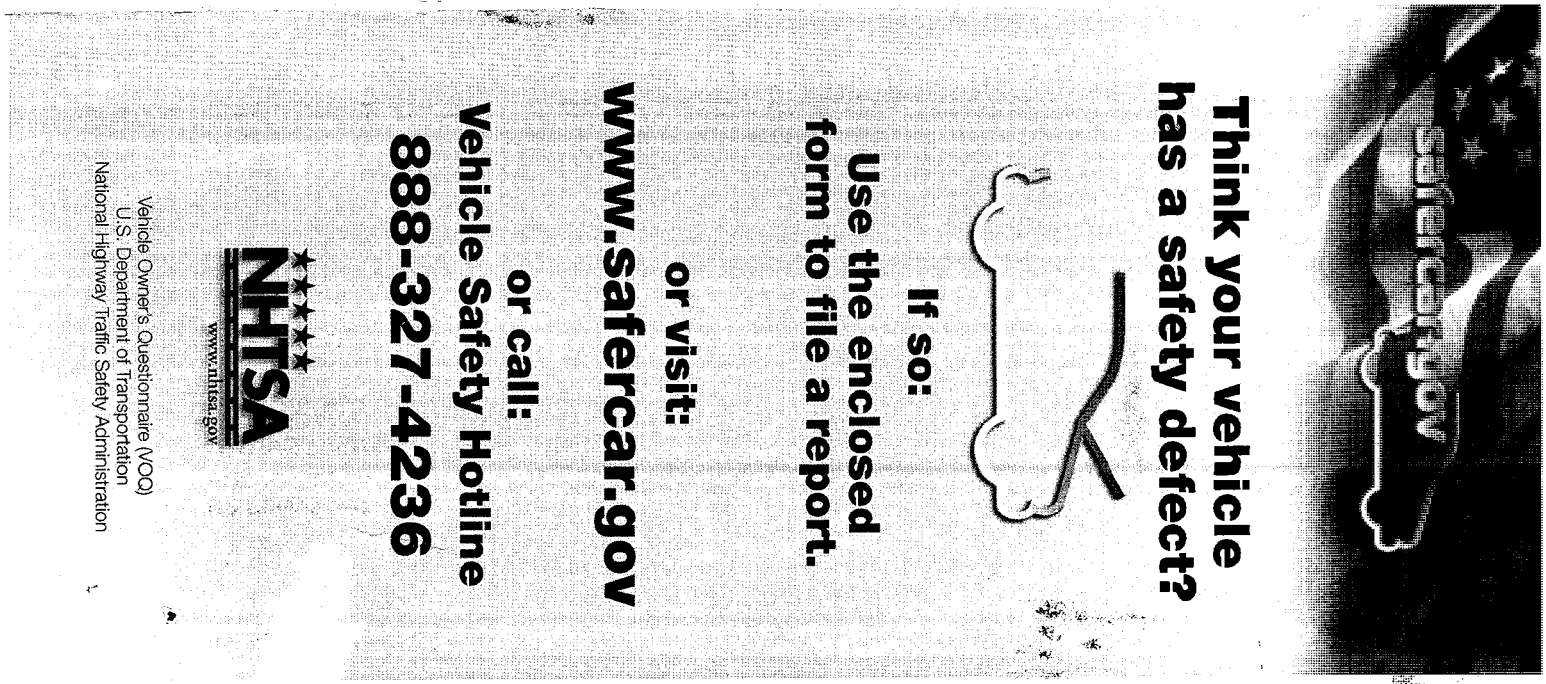
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



CUSTOMER #: 95620

NHTSA Complaint #
10546227

[redacted]

SAN MATEO, CA [redacted]

180449C

INVOICE

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SUBARU.

CARLSEN SUBARU

Subaru Sales & Service
"WHIPPLE AT VETERANS"
480 VETERANS BLVD.
REDWOOD CITY, CALIFORNIA 94063
TELEPHONE (650) 365-6390
FAX (650) 366-9011
SERVICE FAX (650) 365-2452

HOME: [redacted] CONT [redacted]
BUS: [redacted] CELL:

SERVICE ADVISOR: 281 GORDON MEAD

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLUE	06	SUBARU OUTBACK	4S4BP61C866[redacted]	[redacted]	44946/44949	T6547

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
11AUG06 DD			17:30 27SEP13			CASH	28SEP13

R.O. OPENED	READY	OPTIONS:
11:26 27SEP13	14:53 28SEP13	ENG:2.5_Liter

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
A	NO APPOINTMENT DROP OFF * CUSTOMER ACKNOWLEDGES THAT WE MAY NOT HAVE TIME TO INSPECT/REPAIR CAR ON THE DAY THAT THEY DROP OFF* CUSTOMER AGREES TO WAIT FOR A CALL FROM US* NO PROMISES MADE FORM CARLSEN SUBARU SERVICE DEPARTMENT.							
CAUSE:	IF TIME ALLOWS * NO PROMISES MADE TO CUSTOMER FOR NO APPOINTMENT DROP OFF*							
	NA		NO APPOINTMENT DROP OFF * CUSTOMER ACKNOWLEDGES THAT WE MAY NOT HAVE TIME TO INSPECT/REPAIR CAR ON THE DAY THAT THEY DROP OFF* CUSTOMER AGREES TO WAIT FOR A CALL FROM US* NO PROMISES MADE FORM CARLSEN SUBARU SERVICE DEPARTMENT.				
	999	CS				0.00	0.00	
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:		0.00

****

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
B	CUST REQUEST REPORT ON CHECK ENGINE LITE CAME ON*NOW __ ON OR __ OFF TECH TO CHECK OFF LITE CONDITION BEFORE REPAIR* ADVISE CODES STORED AND REPAIRS NEEDED** CAR LOST POWER BUT THE RPMS RACING							
	CELO		CUST REQUEST REPORT ON CHECK ENGINE LITE CAME ON*NOW __ ON OR __ OFF TECH TO CHECK OFF LITE CONDITION BEFORE REPAIR* ADVISE CODES STORED AND REPAIRS NEEDED**					
	283	CS				296.00	296.00	
	1	36010AG021	PEDAL AY ACCELERATOR			190.91	190.91	190.91
PARTS:	190.91	LABOR:	296.00	OTHER:	0.00	TOTAL LINE B:		486.91

FOUND CODE 92138 ACCELERATOR PEDAL POSITION OUT OF SPECS. FOUND CODE P1518 STARTER SWITCH CIRCUIT LOW INPUT. ADVISED CLIENT RECOMMEND TO REPLACE PEDAL POSITION AND RECHECK. REPLACED PEDAL ASSEMBLY AND TEST DROVE OK. ADVISED CLIENT AT THIS TIME WE RECOMMEND TO DRIVE CAR AND MONITOR. IF LIGHT COMES BACK ON TO CHECK STARTER SWITCH, CLIENT OK AND UNDERSTANDS

****

THANK YOU FOR YOUR BUSINESS & HAVE A GOOD DAY

SUBARU.

ORIGINAL ESTIMATE $ _____ FINAL REVISED ESTIMATE $ _____

DATE	TIME	PHONE # OR IN PERSON	AUTHORIZED BY	ADDITIONAL AMOUNT $
REASON				REVISED TOTAL $
DATE	TIME	PHONE # OR IN PERSON	AUTHORIZED BY	ADDITIONAL AMOUNT
REASON				REVISED TOTAL $

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATE PRICE. x

I ACKNOWLEDGE RECEIPT OF VEHICLE AND I HAVE RECEIVED A COPY OF THIS INVOICE. x

DESCRIPTION	TOTALS
LABOR AMOUNT	296.00
PARTS AMOUNT	190.91
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	486.91
ADJUSTMENTS	0.00
SALES TAX	17.18
PLEASE PAY THIS AMOUNT	504.09

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE

BAR # ARD-006485 EPA # CAL 000004736