


<b>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)</b>  <b>DOT Auto Safety Hotline</b> <b>U.S. Department of Transportation</b> <b>National Highway Traffic Safety Administration</b>		<b>FOR AGENCY USE ONLY 100148</b>	
<b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET:www.nhtsa.dot.gov/hotline</b>		Date Received 02-APR-2014	Repository <input type="checkbox"/> Reference No. 10576868
<b>OWNER INFORMATION (Type or Print)</b>			
Name [Redacted]		Daytime Telephone Number [Redacted]	
Address [Redacted]		E-mail Address [Redacted]	
City PARAMUS	State NJ	Zip Code [Redacted]	
Evening Telephone Number Same			
<i>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).</i>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4S3BK4257V7 [Redacted]		Make SUBARU	Model LEGACY
		Model Year 1997	
Date Purchased 1997	Dealer's Name and Telephone Number Liberty Subaru		Engine: No: Cylinders 4
Original Owner <input checked="" type="checkbox"/>	Dealer's City EMERSON, N.J.	State N.J.	Zip Code 07630
Fuel Type: gasoline	Transmission Type Auto		Incident Date(s) 01-MAR-2013
<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: 100000 POWER TRAIN		Failure Mileage 75000	Failure Speed
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:		Installation System:	
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
		Reported to Police N	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> <b>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).</b>			
TL* THE CONTACT OWNS A 1997 SUBARU LEGACY. THE CONTACT STATED THAT THE VEHICLE BECAME STUCK IN PARK. THE FAILURE WAS RECURRING. THE VEHICLE HAD BEEN TAKEN TO AN AUTHORIZED DEALER, WHO LUBRICATED THE AUTOMATIC TRANSMISSION SHIFTER BUT TO NO AVAIL. THE FAILURE RECCURED EACH TIME THE VEHICLE WAS DRIVEN. THE VEHICLE WAS TAKEN BACK FOR FURTHER DIAGNOSIS AND IT WAS ADVISED THAT THE PART REQUIRED FOR THE REPAIR WAS NO LONGER AVAILABLE. THE AUTHORIZED DEALER ADVISED THE CONTACT TO PURCHASE THE SHIFT LOCK MODULE AND AN AUTHORIZED DEALER WOULD REPAIR THE VEHICLE. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND PROVIDED NO REMEDY. THE APPROXIMATE FAILURE MILEAGE WAS 75000.			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float:right">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>			
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.			

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

Car will not shift out of Park, Part necessary for repair, "no longer available from Subaru." I have enclosed repair bill from dealer. What help can I expect?

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

WVJ METRO PSDC 078

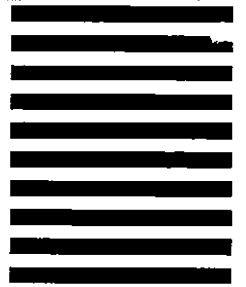
03 JUN 2014 PM 5 T

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



Think your vehicle has a safety defect?



If so: Use the enclosed form to file a report.

or visit: www.safercar.gov

or call: Vehicle Safety Hotline 888-327-4236



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration



55 KINDERKAMACK ROAD EMERSON, NJ 07630

Main Number: (201) 261-0900  
 Direct Service Line: (201) 261-0088  
 Direct Parts Line: (201) 261-7495  
 Service Fax: (201) 261-1896  
 Parts Fax: (201) 261-3261

1-888-SUBY4WD

HOURS:  
 Monday 7:30 am - 6:00 pm  
 Tuesday 7:30 am - 6:00 pm  
 Wednesday 7:30 am - 6:00 pm  
 Thursday 7:30 am - 6:00 pm  
 Friday 7:30 am - 6:00 pm  
 Saturday 8:00 am - 3:00 pm

--- www.news Subaru.com ---

[REDACTED]		VEHICLE IDENTIFICATION		MILEAGE OUT	DATE OUT	INVOICE NO.
[REDACTED]		4S3BK4257V7 [REDACTED]		20715	03/06/14	20715
PARAMUS NJ [REDACTED]		YEAR	MAKE	MODEL	COLOR	TAG NO.
[REDACTED]		97	SUBARU	LEGACY	REM	00000
CUST. NO.	LICENSE	HOME PHONE	WORK PHONE	STOCK NO.	PROD. DATE	SERV. ADV.
2659714	[REDACTED]	[REDACTED]	-		00/00/00	263
CUST. LABOR RATE	DELIV. DATE	DELIV. MILES	MILEAGE IN	DATE IN	IN-SERV DATE	
	07/01/97		20715	03/06/14	00/00/00	2.2L H4 FI NF

YOUR VEHICLE IS A MAJOR INVESTMENT, WE WANT TO HELP YOU TO PROTECT IT. WE WILL BE SENDING YOU SERVICE REMINDERS WHENEVER IMPORTANT MAINTENANCE IS NEEDED. THANK YOU FOR RELYING ON US FOR YOUR SERVICE NEEDS.

LINE	OP.CODE	FAIL-CD	TECH.	HOURS/QT	TYPE	AMOUNT
A *						
Com INSP. CUST. CONCERN						
HAS TROUBLE MOVING AUTOMATIC TRANSMISSION SHIFTER. WE LUBRICATED IT THE LAST TIME WORKED FOR A COUPLE WEEKS BUT NO LONGER						
Cor FOUND SHIFTER SOLENOID/SHIFT ASSEMBLY BROKEN AND SHIFT MODULE NOT SENDING POWER. SOLENOID/ASSEMBLY \$202						
SHIFTLOCK MODULE NO LONGER AVAILABLE FROM SUBARU, PARTS TRYING TO LOCATE						
						EST. \$275
	001		A28		C	52.50
Line Total.....						52.50

*Leslie*  
*Case # 5388266666*

Labor 52.50  
 Sales Tax 3.68  
 Wst Disposal .25  
 TOTAL-CUST-CRCARD 56.43

*Credit 59.23*

*- 56.43*

*2.80 remaining Credit*

CUSTOMER COPY - PAGE 01

STATEMENT OF DISCLAIMER  
 The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Warranty services described were performed at no charge to owner. There was no indication from the appearance of the vehicle or otherwise, that any part repaired or replaced under this claim had been connected in any way with any accident, negligence or misuse. Records supporting this claim are available for (1) year from the date of payment notification at the servicing dealer for inspection by manufacturer's representative.

CUSTOMER SIGNATURE

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)