


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

 <p align="center">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</p>			FOR AGENCY USE ONLY 100148 Date Received 08-JUN-2017 AUG 6 2017			Repository <input type="checkbox"/> Reference No. 10994003					
OWNER INFORMATION (Type or Print)						Daytime Telephone Number [Redacted]			E-mail Address		
Name [Redacted]						Evening Telephone Number Same					
Address [Redacted]											
City HARWICH PORT		State MA		Zip Code [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 4F4BFENC1G3 [Redacted] 4S4BSENC163 [Redacted]						Make SUBARU		Model OUTBACK		Model Year 2017 2016	
Date Purchased 7/19/2016		Dealer's Name and Telephone Number Beard Subaru, INC.				Engine: No: Cylinders 6 Cyl.		Fuel Type: Std. Gas			
Original Owner <input checked="" type="checkbox"/>		Dealer's City Hyannis		State Ma	Zip Code 02601						
Transmission Type Auto		<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control		Powertrain 4 W.D.		Multiple Failure:		Incident Date(s) 29-MAY-2017			
FAILED COMPONENT(S)/PART(S) INFORMATION											
Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 140000 AIR BAGS								Failure Mileage 4000		Failure Speed 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: DOTM19ABC036)				<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input 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 Y			
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 OWNED A 2017 SUBARU OUTBACK. WHILE DRIVING APPROXIMATELY 5 MPH, THE VEHICLE SUDDENLY EXPERIENCED UNINTENDED ACCELERATION. THE DRIVER LOST CONTROL OF THE VEHICLE AND CRASHED INTO A UTILITY POLE. THE FRONT END WAS SEVERELY DAMAGED AND THE VEHICLE WAS DESTROYED; HOWEVER, THE AIR BAGS DID NOT DEPLOY. A POLICE REPORT WAS FILED AND THERE WERE NO INJURIES. THE CAUSE OF THE FAILURE WAS NOT DETERMINED. THE DEALER AND THE MANUFACTURER WERE NOT NOTIFIED. THE FAILURE MILEAGE WAS 4,000.											
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.											