

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 16-AUG-2017 OCT 24 2017	Repository <input type="checkbox"/> Reference No. 11015766
Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline			
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
COLUMBUS	OH		same
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
JF1GD29663G		SUBARU	WRX
Model Year	Date Purchased	Dealer's Name and Telephone Number	Engine:
2003	5/2006	Dan Perkins Subaru (203) 882-5686	No: Cylinders
Fuel Type:	Original Owner	Dealer's City	4
gasoline	<input type="checkbox"/>	Milford	State
		Zip Code	CT
			06460
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
5spd-man	<input checked="" type="checkbox"/> Cruise Control	AWD	Incident Date(s)
			09-NOV-2015
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)		Failure Mileage	Failure Speed
		110,000	
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 type="checkbox"/> Original Equipment	Failure Location:	
	<input type="checkbox"/> Prior Repair		
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 2003 SUBARU WRX. THE CONTACT NOTICED A STRONG FUEL ODOR INSIDE THE VEHICLE. THE VEHICLE WAS TAKEN TO BYERS AIRPORT SUBARU (LOCATED AT 401 N HAMILTON RD, COLUMBUS, OH 43213). THE DEALER WOULD NOT REPAIR THE VEHICLE PER NHTSA CAMPAIGN NUMBER: 09V468000 (FUEL SYSTEM, GASOLINE). THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND DEMANDED THE DEALER TO REPAIR THE VEHICLE; HOWEVER, THE VEHICLE WAS NOT REPAIRED. THE CONTACT WAS ADVISED THAT THE RECALL HAD EXPIRED AND HE WOULD HAVE TO PAY FOR THE REPAIR. THE FAILURE MILEAGE AND VIN WERE UNKNOWN.			
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 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.			