

 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 20-OCT-2017		Repository ☐ Reference No. 11035118	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
ARLINGTON	WA				
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	
4S4BSACC5H3		SUBARU	OUTBACK	2017	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
12-2017	Subaru (Dwayne Lane's)		No: Cylinders		
Original Owner	Dealer's City	State	Zip Code		
	Burlington	WA			
Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
	☐ Cruise Control			07-OCT-2017	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 060000 ENGINE (PWS), 110000 ELECTRICAL SYSTEM				Failure Mileage	Failure Speed
				18000	
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)	☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	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 2017 SUBARU OUTBACK. THE CONTACT STATED THAT THE VEHICLE FAILED TO START AT 7:00 AM IN THE MORNING WITHOUT WARNING. THE VEHICLE WAS TOWED TO THE DEALER (DWAYNE LANE'S ARLINGTON CHEVROLET, 20110 STREET POINT BLVD, ARLINGTON, WA 98223) WHERE IT WAS DIAGNOSED THAT THE WIRING HARNESS NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT CONTACTED. THE APPROXIMATE FAILURE MILEAGE WAS 18,000.					
Dwayne Lane in I-5 Auto World, Burlington WA wire Harness casing is soy bean outside jacket. Rodents are attracted to it are thru,					
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.					