



U.S. Department of Transportation
National Highway Traffic Safety Administration

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: 24-OCT-2018
Repository:
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: IDELDALE IDEDALE State: CO Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [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: JF1SG63614H [REDACTED]
Make: SUBARU Model: FORESTER Model Year: 2004
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: Antilock Brakes Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 20-OCT-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 020000 SUSPENSION Failure Mileage: 161728 Failure Speed: 35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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 2004 SUBARU FORESTER. WHILE DRIVING 35 MPH, THE FRONT PASSENGER SIDE LOWER CONTROL ARM FRACTURED AND BECAME JAMMED IN THE WHEEL BED. AS A RESULT, THE WHEEL SEIZED AND THE VEHICLE SLID TO A STOP ON THE SHOULDER AFTER CROSSING LANES. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC WHO STATED THAT THE LOWER CONTROL ARM WAS SHREDDED AND THE CV AXLE AND ROTOR WERE ALSO DAMAGED. THE MECHANIC STATED THAT THE LOWER ARM FAILED DUE TO CORROSION AND RUST. THE CONTACT CALLED THE DEALER (AUTONATION SUBARU WEST, 16351 W COLFAX AVE, GOLDEN, CO 80401, (303) 578-6120) AND A SEARCH WAS PERFORMED FOR THE RESULTS OF AN UNKNOWN RECALL REPAIR THAT WAS PERFORMED WHEN THE VEHICLE WAS PREVIOUSLY OWNED. THE DEALER CONSIDERED THE REPAIR SUCCESSFUL; HOWEVER, THE FAILURE RECURRED. THE DEALER REFERRED THE CONTACT TO THE MANUFACTURER. THE MANUFACTURER WAS CONTACTED AND STATED THAT THE RECALL REPAIR WAS PREVIOUSLY ADDRESSED AND THE FAILURES WERE UNRELATED. THE VEHICLE REMAINED AT THE INDEPENDENT MECHANIC AND THE REPAIRS WERE COMPLETED. THE FAILURE MILEAGE WAS 161,728.

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.

ADDRESS		CITY		STATE/PROV	ZIP CODE	MILEAGE	TRANS TYPE	HOME PHONE
[REDACTED]		IDLEDALE		CO	[REDACTED]	161732		
YEAR	MAKE	MODEL	COLOR	VEHICLE IDENTIFICATION NO		LICENSE PLATE	BUSINESS PHONE	
2004	SUBARU	FORESTER	SILVER	JF1SG63614H [REDACTED]		[REDACTED]		
WARRANTY CLAIM INFO	ORIGINAL RO	ORIGINAL MILES	ORIG DELV DATE	PROD DATE	ENGINE SIZE	DRIVE	CELL PHONE	
					2.5L		[REDACTED]	
HAT NUMBER		EMAIL ADDRESS						
		# 7770						
LEAD SOURCE		Winterhawk Auto Llc						
PREVIOUS CUSTOMER		27659 Highway 74						
		Evergreen, CO 80439						
		720-708-6954						

INTERNATIONAL CUSTOMER SERVICE
 201 GIBRALTAR ROAD
 HORSHAM, PA 19044
 CALL TOLL FREE (800) 523-0401



An Independently Owned And Operated AAMCO Center

INTERNAL USE ONLY

SC	WC	QTY	SERVICE DESCRIPTION	PRICE
			TOTAL CAR CARE	
			AAMCO MULTI-POINT INSPECTION	
			AUTHORIZATION: BY: OWNER DATE: 10/23/2018 TIME: 12:02:22 PM FROM: TODD	
			SIGNATURE: _____	
			COMPLETYE	
SP			SEPARATE WARRANTY TERMS & CONDITIONS APPLY TO EACH SERVICE. ASK THIS INDEPENDENTLY OWNED & OPERATED AAMCO CENTER FOR A COPY OF THE WARRANTY TERMS THAT APPLY TO THE FOLLOWING SERVICE(S) AT THIS CENTER	
5			LABOR	674.95
		2	CONTROL ARM	598.00
		1	RIGHT FRONT CV AXLE	129.87
		1	FRONT BRAKE PAD SET	69.95
		2	FRONT BRAKE ROTOR	154.00
		1	DISCOUNT	-200.00
		1	RIGHT FRONT CALIPER	149.85
			AUTHORIZATION: BY: OWNER DATE: 10/29/18 TIME: 9:36 FROM: TV	
			VERIFICATION:	
			IF YOU ARE WITHIN 40 MILES OR 70 KM, YOU MUST RETURN VEHICLE TO AAMCO CENTER WHERE WARRANTY WAS ISSUED.	

PARTS SHOWN AS EXCHANGE ARE NOT RETURNABLE

**SHOP SUPPLIES 25.00

TOTAL LABOR 674.95
TOTAL PARTS 901.67

TRANSMISSION
PARTS: 0.00 LABOR: 0.00 SUBTOTAL: 0.00
Total Car Care
PARTS: 901.67 LABOR: 674.95 SUBTOTAL: 1,576.62

I DO NOT WISH TO RECEIVE AN ESTIMATE TO WHICH I AM ENTITLED BY LAW BEFORE REPAIRS ARE AUTHORIZED.

SUBTOTAL 1,601.62
TAX 41.70
TOTAL 1,643.32

CUSTOMER SIGNATURE _____ DATE _____

USED, RECONDITIONED OR REBUILT PARTS MAY BE UTILIZED AS NEEDED FOR REPAIRS TO MY VEHICLE

REPLACED PARTS, EXCEPT WARRANTY OR EXCHANGE SITUATIONS, WILL BE RETURNED IF REQUESTED AT THE TIME OF AUTHORIZATION OF REPAIR.

Completion Date _____ Storage Charges At _____ Per Day After _____

Repairs Performed By 1. _____ 2. _____ 3. _____

CERTIFICATION

COMPLETION CERTIFICATE

This certifies that the automotive components described above have been properly repaired and restored to sound working condition.

I acknowledge receipt of the vehicle and a copy of this Repair Order.

Approved Signature

Customer Signature

Technician