

FOR AGENCY USE ONLY 100148	
Date Received 28-MAY-2020	Repository <input type="checkbox"/> Reference No. 11326312
Daytime Telephone Number [REDACTED]	E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]	

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

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City TOMBALL State TX 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: JF2GPAKC2G8 [REDACTED]
 Make: SUBARU Model: CROSSTREK Model Year: 2016

Date Purchased: 12-14-18 Dealer's Name and Telephone Number: Gilman Subaru 833-669-3851
 Engine: No: Cylinders Fuel Type:
 Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s): 15-APR-2020

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 980000 UNKNOWN OR OTHER Failure Mileage: 1243 Failure Speed: 75mph

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).

OUT OF GAS WITH 3 BARS SHOWING...TWICE