INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

From: EVOQ (NHTSA) EVOQ@dot.gov
Subject: FW: Follow up to ODI Complaint ----11419625 ------
Date: [redacted]
To: [redacted]

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to dataquality@dot.gov or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.
NHTSA/Office of Defects Investigation

Form Approved: O.M.B No. 2127-0008

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 1407149

Date Received	Repository ☐
04-JUN-2021	Reference No. 11419625

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	Email Address [redacted]
Address			
City: Mukwonago	State: WI	ZIP Code [redacted]	Evening Telephone Number

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 69 FR 52577 (Sep. 2, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [illegible][redacted]		MAKE: SUBARU		Model: IMPREZA	Model Year: 2017
Date Purchased	Dealer's Name and Telephone Number: Golden State Nissan 6506441266			Engine No. Cylinders	Fuel Type
Original Owner ☐	Dealer's City: Colma	STATE: CA	ZIP Code: 94014		
Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure	Incident Date(s): 07-JUN-2021	

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 143120 AIR BAGS:SENSOR:OCCUPANT CLASSIFICATION:FRONT PASSENGER	Failure Mileage	Failure Speed

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 DOTMAL 9ABC036)	☐ Original Requirement ☐ 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), Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			#

Narrative Description of Incident(s), Crash(es), 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 parts available).

The contact owns a 2017 Subaru Impreza. The contact stated while seated in the passenger's seat, the passenger's side air bag occupant sensor failed to operate as needed. The vehicle was taken to the dealer and she was informed that due to her stature, the passenger's side occupant sensor would not recognize her while seated in the passenger's seat. The manufacturer had been notified of the failure but offered no assistance. The vehicle was not repaired. The failure mileage was unknown.

[redacted]

Fax:

Fax Cover Sheet

Date: 7/12/21

No. of Pages: 2
Including Cover Page

To: NHTSA.DOT.Gov / 202-366-171
Response Team
Fax Number

From: [redacted]

Message: Request # [redacted]

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