

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>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</p>		<p>FOR AGENCY USE ONLY 10014# CRD NEF 09 MAIL</p>	
<p>Date Received: 10-AUG-2021</p>		<p>Repository <input type="checkbox"/></p>			
<p>Reference No. 11428527</p>					
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name: [REDACTED]</p>		<p>Daytime Telephone Number: [REDACTED]</p>		<p>E-mail Address: [REDACTED]</p>	
<p>Address: [REDACTED]</p>		<p>City: Melbourne State: FL ZIP Code: [REDACTED]</p>		<p>Evening Telephone Number: [REDACTED]</p>	
<p><small>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).</small></p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: J2gpamc68 [REDACTED]</p>		<p>MAKE: SUBARU</p>		<p>Model: XV CROSSTREK Model Year: 2015</p>	
<p>Date Purchased: [REDACTED]</p>		<p>Dealer's Name and Telephone Number: BONIFACE HEDAS MAZDA Melbourne Fla.</p>		<p>Engine: No. Cylinders: 4 Fuel Type: Unleaded</p>	
<p>Original Owner: <input type="checkbox"/></p>		<p>Dealer's City: MELBOURNE BLD. STATE: FL ZIP Code: [REDACTED]</p>			
<p>Transmission Type: <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control</p>		<p>Powertrain: [REDACTED]</p>		<p>Multiple Failure: [REDACTED] Incident Date(s): 03-AUG-2021</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Components Codes: 140000 AIR BAGS</p>			<p>Failure Mileage: 55000.0</p>		<p>Failure Speed: 15</p>
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make: [REDACTED]</p>		<p>Tire Model (Name or Number): [REDACTED]</p>		<p>Tire Size (Example P215/65R15): [REDACTED]</p>	
<p>DOT No. (Example: DOTM4L9ABC036): [REDACTED]</p>		<p><input type="checkbox"/> Original Requirement <input type="checkbox"/> Prior Repair</p>		<p>Failure Location: [REDACTED]</p>	
<p>Tire Component Code: [REDACTED]</p>		<p>Tire Failure Type: [REDACTED]</p>			
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make: [REDACTED]</p>		<p>Date Manufactured: [REDACTED]</p>		<p>Model No./Name: [REDACTED]</p>	
<p>Seat Type: [REDACTED]</p>		<p>Installation System: [REDACTED]</p>			
<p>Child Seat Component Code: [REDACTED]</p>		<p>Failed Part: [REDACTED]</p>			
<p>APPLICABLE INCIDENT INFORMATION <small>(Please describe in detail the incident(s), failure(s), crash(es), injury(ies).)</small></p>					
<p>Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: Y</p>	
<p>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 part is available).</p>					
<p>The contact owned a 2015 Subaru XV Crosstrek. The contact stated while driving 15 mph, they pulled up to a red light and stopped, when the light turned green the contact was making a right turn when a 26-foot truck ran thru the light and crashed into the front driver side of the vehicle. The air bags did not deploy. There were no warning lights illuminated on the vehicle. The contact sustained an injured neck, bruises, and a muscle tear in the left side of their chest. There was medical treatment at the scene where the ambulance took the contact to the hospital by ambulance. A police report was filed. The vehicle was towed to a tow yard where the contact insurance company inspected the vehicle and deemed the vehicle as a total loss. The manufacturer was not made aware of the failure. The failure mileage was approximate 55,000.</p>					
<p>3290 Minton Rd. West Melbourne 32904</p>		<p>West Melbourne police dept.</p>		<p>Brevard Fire and Rescue Salina Veach account # 6698 986 4891.1</p>	
<p>Case # [REDACTED]</p>		<p>Still have left lung breathing problems I answered everything I can I have all pictures on my phone I would need a email to send them too.</p>			
<p><small>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.</small></p>					
<p><small>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.</small></p>					

Melbourne FL



ORLANDO FL 328

21 OCT 2021 PM 2 L

National Highway Traffic Administration
1200 New Jersey Ave SE
Washington, DC, 20590

NEA

20590-

