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

U.S. Department of Transportation

National Highway Traffic Safety Administration

afety 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	Repository ☐
03-OCT-2022 MAR 16 2023	Reference No. 11487656

OWNER INFORMATION (Type or Print)

Name	[redacted]			Number	E-mail Address
Address	[redacted]			[redacted]	[redacted]
City	State	ZIP Code		Evening Telephone Number	
Grass Valley	CA	[redacted]			[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	MAKE	Model	Model Year
4S4BTANC5N3[redacted]	SUBARU	OUTBACK	2022

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
7/9/21	Gold Rush Subaru 530-885-4019				UNLEADED
Original Owner ☑	Dealer's City	STATE	ZIP Code		
	AUBURN	CA	95603		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
CVT	☑ Antilock Brakes ☑ Cruise Control			20-SEP-2022

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 131000 VISIBILITY:WINDSHIELD	Failure Mileage	Failure Speed
	7000.0	PARKED

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			N

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).

The contact owns a 2022 Subaru Outback. The contact stated the vehicle was parked outside his driveway for four days; however, while approaching the vehicle, he noticed that the front windshield was cracked. The contact stated that no object had struck the windshield to cause the crack. The vehicle was taken to the dealer and photos were taken and sent to the manufacturer. The manufacturer was contacted and stated that the complaint was reviewed and the replacement might not be covered under warranty. The failure mileage was 7,000.

It appeared that the windshield had spontaneously cracked because it was parked for 4 days and there was no evidence of an impact.

The glass shop that did the repair and the Subaru Dealer both said there was a microscopic chip that could have caused the crack.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

See inside

ATTACH ADDITIONAL SHEETS IF NECESSARY

SACRAMENTO CA 957

14 FEB 2023 PM 7 L

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

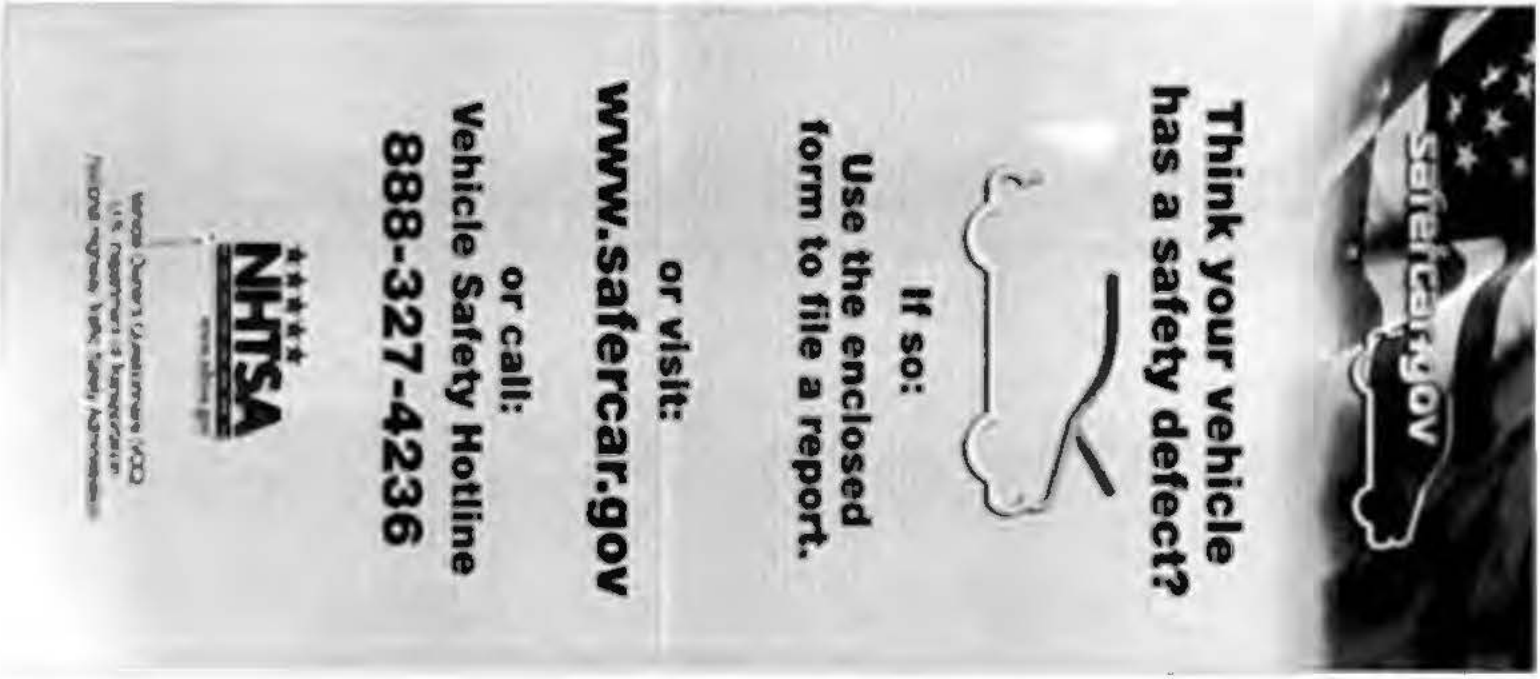
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



12/2/22

FLETCHERS AUTO GLASS
BAR ARD # 231228
127 STEWART STREET
GRASS VALLEY CA 95945
(530)273-9206 Fax:(530)274-3868
Tax# 68-0459329

Order: [redacted]

Date:11/23/2022

Scheduled:12/02/2022 1:00

Insurance:

ALLSTATE
PO BOX 182277
COLUMBUS OH 43218-2277

Insured:

[redacted]
GRASS VALLEY CA [redacted]

Ph:(800)626-4527 Fax:(614)210-9502

Cell [redacted]

8,677 MILES

Csr: Tech:BF PO Terms:C.O.D Bill-To Terms:NET 30

Claim [redacted] Loss-Date:09/20/2022

Bill-To Acct:ALLSTATE

Vehicle:2022 SUBARU OUTBACK 4 DOOR STATION WAGON VIN:4S4BTANC5N3 [redacted]

Qty	Part / Description	List Price	Material	Labor	Item Total
1	65010AN01A - (FW04934GBY)Windshield Green Tint/Blue Shade (w/Molding attached)(Moulding)(Solar) (Acoustic Interlayer)(3rd Visor Frit)(Heated Wiper Park) (LDWS)(W/Pre-Collision Braking)(W/Adaptive Cruise Control) Hours: 3.60	500.00	500.00	126.00	626.00
2.00	HAH000004 - Adhesive(Nags) (Urethane,Dam,Primer) (2.00)		10.00	0.00	20.00
1.00	LABOR - ADAS Calibration (Dual)	0.00	0.00	500.00	500.00

VIN _____ DOT # _____

Replacement or repair has been made to my satisfaction and I hereby authorize the above insurance company to pay direct in full to the above firm for said installation. If not for any reason the insurance company does not pay for these repairs or replacements, the below signed agrees to pay for the said repairs or replacements.

COPY

Signature _____ Date 12/2/2022

Material	Labor	Tax	Total	Deductible	Payments	Balance
520.00	626.00	44.20	1,190.20	0.00	0.00	1,190.20