



**Posted**

AUTO SAFETY HOTLINE

U.S. Department of Transportation

**VEHICLE OWNER'S QUESTIONNAIRE**

National Highway Traffic Safety Administration

NATIONWIDE 1-800-424-9383  
DC METRO AREA 202-368-0123

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FOR AGENCY USE ONLY

DATE RECEIVED: **RECEIVED**  
**99 MAR 27 AM 9:53**  
 OFFICE: **DEFECTS INVESTIG**  
 REFERENCE NO.: **551544**

**OWNER INFORMATION (TYPE OR PRINT)**

NAME and ADDRESS:  
 [Redacted]

DAY TIME TELEPHONE NO. (AREA CODE):  
 [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES  NO   
 In the absence of a signature, please print name or address to the vehicle manufacturer.

SIGNATURE OF OWNER: [Redacted] DATE: \_\_\_\_\_

**VEHICLE INFORMATION**

VEHICLE IDENTIFICATION NO.: **JF1GCB52V6 510228** VEHICLE MAKE: **Subaru** VEHICLE MODEL: **Impreza** MODEL YEAR: **1997**  
\*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING: [ ] DATE PURCHASED: **4-1-97** DEALER'S NAME, CITY & STATE: **Four Seasons Subaru Missoula, MT** ENGINE SIZE (CID/CC/L): **5 speed TURBO DIESEL GAS FUEL INJECTN** NO. CYLINDERS: **4**

TRANSMISSION TYPE:  MANUAL  AUTOMATIC  
 ANTILOCK BRAKES:  YES  NO  
 RESTRAINT SYSTEM:  DRIVERSIDE AIRBAG  MOTORBELT  PASSENGERSIDE AIRBAG  3-POINT BELT  2-POINT BELT  
 CRUISE CONTROL:  YES  NO  
 DRIVER SEAT:  FRONT  REAR  4-WHEEL  
 BODY STYLE: STAWAG  HATCH BK  VAN  PK UP TRK  OTHER

**FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)**

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
<b>Seat belt, seat, airbag</b>	<b>See component</b>	<input type="checkbox"/> LEFT FRONT <input checked="" type="checkbox"/> RIGHT REAR	<input checked="" type="checkbox"/> ORIGINAL REPLACEMENT
NO. OF FAILURES: <b>3</b>	DATE(S) OF FAILURE(S): <b>12/14/1999</b>	MANUFACTURER CONTACTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	MILEAGE AT FAILURE(S): <b>13,625</b>		
	VEHICLE SPEED AT FAILURE(S): <b>20 mph</b>		

**APPLICABLE ACCIDENT INFORMATION**

ACCIDENT:  YES  NO FIRE:  YES  NO  
 NUMBER PERSONS INJURED: \_\_\_\_\_ NUMBER OF FATALITIES: **0** PROPERTY DAMAGE ESTS: **100** POLICE REPORTED:  YES  NO

**NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)**

On the evening of Tuesday, December 14, 1999 I was in an auto accident. I was driving my 1997 Subaru Impreza at the time. The accident took place around 5:35 pm at the intersection of Russell and 34th in Missoula, MT. At the time of the accident the roads were clear & dry. I was heading up 34th thru the Russell intersection on going home.

CONTINUE ON BACK IF NEEDED

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.

