

COPIED

Form Approved: O.M.B. No. 2127-0006

Posted DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
 TO REPORT VEHICLE SAFETY DEFECT
 1-888-DASH-2-DOT
 1-888-327-4236
 INTERNET: <http://www.nhtsa.dol.gov>

FOR AGENCY USE ONLY
RECEIVED
 Date Received: 00 JUN 12 AM 9:35
 Od. or: _____
 Mod. or: _____
 up. Itr: _____
 Office: DEFECTS INVESTIGATION
 Agency No.: 552582

U.S. Department of Transportation
 National Highway Traffic Safety Administration

OWNER INFORMATION (Type or Print)

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Telephone Number: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: 1/11/99

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) 4S3BC6335R9646782	(Located at bottom of windshield on driver's side)	Vehicle Make SUBARU	Vehicle Model LEGACY	Vehicle Year 1994	Current Odometer Reading 19175
Purchased Date 7-29-94	Dealer's Name CONLEY BUICK & SUBARU	Engine Size (CID/CC/L) 4	Engine Type <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	Dealer's City BRADENTON	State FL
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Zip Code 34207	No. Cylinders 4	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt
Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component SUNVISORS	Part Name(s) SHAFT HOLDING SUN VISOR	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) APPROX - 11-95 10-98	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) 6000 & 18000		
	Vehicle Speed at Failure(s):		

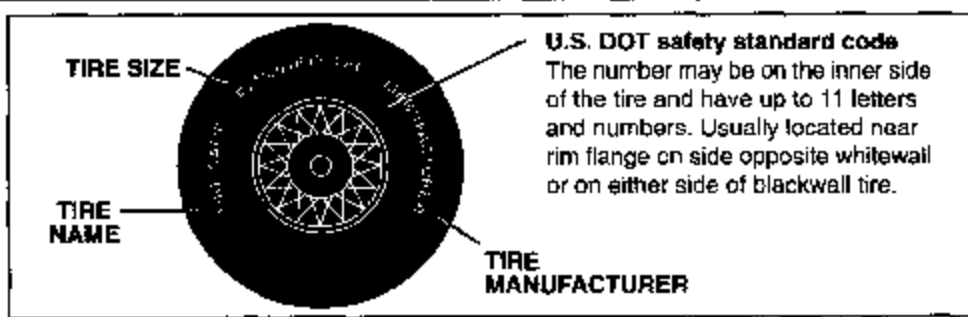
APPLICABLE INCIDENT INFORMATION
 (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured	Number of Fatalities	Estimated Property Damage \$ _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
 Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
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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 administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

THE SUN VISOR SHAFT (MADE OF PLASTIC) BREAKS OFF AND ALLOWS THE VISOR TO FALL INTO THE STEERING WHEEL OR DRIVERS LAP. OTHER SUN VISORS I HAVE INSPECTED HAVE A STEEL SHAFT HOLDING THE VISOR.

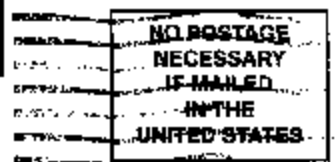
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

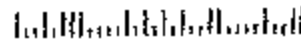


BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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(DASH) 2 DOT



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