



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

**Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**

NATIONWIDE 1-800-424-9393  
 DC METRO AREA (202) 366-0123  
 INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY 258**

Date Received **24-APR-2001**  
 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 pd\_rt \_\_\_\_\_  
 rp\_lr \_\_\_\_\_

Reference No.

**744453**

Work Number **240 876 2658**

Home Number **301 858 0376**

**OWNER INFORMATION (Type or Print)**

**JOHN HOFFMAN 689026**  
**2420 SHADYWOOD CIRCLE**  
**CROFTON MD 21114**

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Lowercase letters "i" and "o" are not to be used)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>4S3BE656817210476</b>	<b>SUBARU</b>	<b>LEGACY</b>	<b>2001</b>	

Purchase Date <b>01-MAR-2001</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>2.5</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" 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	Part Name(s)	Location	Failed Part's
<b>05100000</b>	<b>ENGINE</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION INCIDENT INFORMATION**

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**DEFECTIVE ENGINE LOSING FLUIDS. SMOKE AND FUMES COMING INTO CAR. DRIVER FELT NAUSEA AT TIMES WINDOWS WERE CLOSED. DEALERSHIP WANTS TO REPLACE WITH REFURBISHED ENGINE BLOCK WHICH IS UNACCEPTABLE. THERE IS NO CONFIDENCE IN THE SAFETY AND RELIABILITY IN THIS CAR FOR LONG TERM PURCHASE. WHAT DANGER COULD HAVE BEEN CAUSED FROM ENGINE FAILURE AND FROM THE FUMES COMING INTO THE CAR? OWNER IS CONCERNED ABOUT THE PROBLEMS SETTING THE VEHICLE ON FIRE.**

