



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

25-JUN-2001

Ord. or

rt. dt

pd. rt

rp. ltr

Reference No.

747371

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)<br><small>(Location at bottom of<br/>and/or driver's door side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 4S3BG6853W7614225                                                                                | SUBARU       | LEGACY        | 1998         |                          |

|                                                                       |                                       |                                |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br>01-OCT-1997                                          | Dealer's Name _____                   | Engine Size<br>(CID/CC/L) 2.3L | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <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<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input checked="" type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                                               |                                                                                                                 |                                                                                                                                          |                                                                                             |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>01230100<br>05100000<br>07450000 | Part Name(s)<br>STEERING:POWER ASSIST:POWER STEERING FLUID<br>ENGINE<br>POWER TRAIN:DRIVELINE:DIFFERENTIAL UNIT | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                    |                                                                              |                                                                            |                                                                              |
|--------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| No of Failure<br>1 | Date(s) of Failure(s)<br>11-JAN-2000<br>29901<br>Mileage at Failure(s)<br>30 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag<br>0 | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|-------------------------------|-------------------------------------------------------------------------------------------|

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

COMMENTS FROM THE DEALERS INVOICE: 671 MILES: CHECKED FOR OIL LEAK, FOUND FLUID LEAKING FROM POWER STEERING RACK. REMOVED AND REINSTALLED RACK ASSEMBLY. 671 MILES: I COMPLAINED ABOUT SMELL IN VENTS. ADVISED IT WAS POWER STEERING FLUID LEAKING ONTO EXHAUST. 944 MILES: OIL LEAKING FROM ENGINE DOWN ONTO EXHAUST. FOUND LEAK AT TOP OF ENGINE ON THE RIGHT SIDE NEAR REAR OIL GALLEY PLUG. DISASSEMBLE ENGINE COMPLETE DOWN TO SHORT BLOCK. REPLACE SHORT BLOCK AND ALL NECESSARY GASKETS AND SEALS. REASSEMBLE ENGINE. 944 MILES: I COMPLAINED ABOUT SMELL IN VENTS. THIS TIME TOLD IT WAS BURNING OIL GETTING INTO VENTS BEFORE ENGINE REPAIR. 6195 MILES, 03/27/98: COMPLAINED ABOUT SMELL IN VENTS. DASH ASSEMBLY DISASSEMBLED, CLEANED, REASSEMBLED. 7173 MILES: COMPLAINED ABOUT S

CONTINUE ON REVERSE

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.