

**785522**

**From:** siracusa@publicinteractive.com  
**To:** Beverly <NHTSA> Young, Alberto <NHTSA> Jimenez  
**Date:** 7/14/01 8:17AM  
**Subject:** Car Talk VOQ submission

\* This data was submitted via a fill-in form at the Cartalk web site  
\* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems  
\* or suggestions regarding the format of this submission, send email  
\* to [webmaster@cartalk.com](mailto:webmaster@cartalk.com)

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SUBMISSION DATE: Saturday, July 14th 2001 at 8:17:08 AM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION

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NAME

ADDRESS

TELEPHONE

NHTSA authorized to send a copy of this report to the manufacturer: No

VEHICLE INFORMATION

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VIN: 4S3BG6856W7646604

MAKE: Subaru

MODEL: Legacy Outback

YEAR: 1998

ODOMETER: 34,000

PURCHASE DATE: NEW OR USED: New

DEALER NAME: Natick Subaru

ADDRESS: Natick, MA 01760

ENGINE SIZE: 2.5 L

CYLINDERS: 4

FUEL INJECTION: Yes

TURBO: No

FUEL TYPE: Gas

ANTILOCK BRAKES: Yes

CRUISE CONTROL: Yes

DRIVETRAIN: 4 Wheel

DRIVER AIRBAG: Yes  
PASSENGER AIRBAG: Yes  
3-POINT BELT: No  
MOTOR BELT: No  
2-POINT BELT: Yes  
BODY STYLE: Station Wagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Front main seal needed to be  
replaced repeatedly due to oil  
lea

PART NAME(S): Front main seal

LOCATION: Front

NUMBER OF FAILURES: Replaced three times

DATE(S) OF FAILURES: 6/26/00; 1/24/01; 7/7/01

MILEAGE AT FAILURE(S): 22,000; 30,000; 34,000

SPEED AT FAILURE(S): Found when parked.

MANUFATURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No  
FIRE: No

NUMBER OF PERSONS INJURED:  
NUMBER OF FATALITIES:  
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:  
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT  
TIRE MANUFACTURER:  
TIRE NAME:  
TIRE SIZE:

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ADDITIONAL COMMENTS  
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As I believe that the front main seal is supposed to last many years, I would like to know whether this failure is limited to my car or experienced by other owners. After this third failure, I feel obliged to contact you and also the manufacturer. (I will contact Subaru right after sending this form to you.)

Thank you for your he

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END OF FORM  
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U.S. Department  
of TransportationNational 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 105

Date Received

14-JUL-2001

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 ip\_lr \_\_\_\_\_

Reference No.

785522

 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 windshield and driver's side)</small> |                                                                                               | Vehicle Make<br><b>SUBARU</b>                                                                                                                                                                                                                   | Vehicle Model<br><b>LEGACY</b>                                                               | Vehicle Year<br><b>1998</b>                                                                                                                             | Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Purchase Date<br><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used      | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                                                 | Engine Size<br>(CID/CC/L <b>4 CYL</b> )<br>No Cylinders _____                                | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic  | Antilock Brakes<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                       | Vehicle Type<br><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 _____<br>Body Style<br><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><b>05100000</b> | Part Name(s)<br><b>ENGINE</b>                                                  | 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><b>3</b>    | Date(s) of Failure(s) <b>26-JUN-2000</b><br>Mileage at Failure(s) <b>22000</b> | 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><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-----------------------------------------------------------------------------------------------|

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

THE FRONT MAIN SEAL FAILED REPAETEDLY (3 TIMES) RESULTING IN LEAKAGE. NLM

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.