

785871

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 2/9/02 3:16PM
Subject: Car Talk VOQ submission

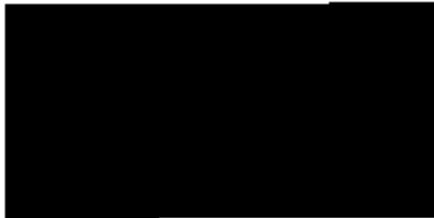
* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Saturday, February 9th 2002 at 3:04:51 PM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION



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

VEHICLE INFORMATION

VIN: 4S3 BH6655 27614592
MAKE: Subaru
MODEL: Outback Station Wagon
YEAR: 2002

ODOMETER: 7000
PURCHASE DATE: 09/26/01
NEW OR USED: New

DEALER NAME: Hunter Chevrolet
ADDRESS: Hendersonville, NC

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: No
BODY STYLE: Station Wagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Brakes
PART NAME(S): Brakes
LOCATION: Right Rear
NUMBER OF FAILURES: 2
DATE(S) OF FAILURES: December 5th, 2001 and February 7th, 2002
MILEAGE AT FAILURE(S): 35 mph and 25 mph
SPEED AT FAILURE(S): 35mph & 25 mph respectively
MANUFATURER CONTACTED: Yes
NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No
NUMBER OF PERSONS INJURED: 0
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:



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 1058

Date Received

09-FEB-2002

Ord. or
rt. dt
pd. rt
up. ltr

Reference No.

785871

Work Number

Home Number 828-300-4110

OWNER INFORMATION (Type or Print)

ELAINE ROSE 740049
PO BOX 236
EDNEYVILLE NC 28727

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) (Location at bottom of windshield and driver's side) 4S3BH665527614592	Vehicle Make SUBARU TRUCK	Vehicle Model OUTBACK	Vehicle Year 2002	Current Odometer Reading
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Purchase Date 26-SEP-2001	Dealer's Name _____	Engine Size (CID/CC/L 4CYL	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 11600000	Part Name(s) AIR CONDITIONER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLES AIR CONDITIONING HAS NEVER WORKED PROPERLY. *JG

CONTINUE ON REVERSE

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ADDITIONAL COMMENTS

I bought a 2002 Outback Subaru Station Wagon from Hunter Chevrolet/Subaru in Hendersonville, NC. I have had numerous problems with the car, included the air conditioning not ever working properly, the windshield washers were squirting water over the hood of the car instead of on the windshield itself, the power windows in rear needed fixing, the headlights were aimed too low when i purchased the car and had trouble seeing the road, on a moonlit night, which as full moon and very clear night

My immediate concern is that i have had the brakes fail completoly on mo two seporate occasions. First time was on December 5th, 2001 and now again on February 7th, 2002. Both times i have brought it into the dealership, sweating bullets all the way i had to drive the car, mind you.

Both times the Subaru dealer has told me that he "can't duplicate the problem of the brakes failing" and so, didn't ever fix the brakes.

The both times that the brakes failed, the pavement was damp, but the temperatures were way above freezing and i was supposed to stop for a stop sign before heading into traffic but could not. The traffic was travelling at at least 35 mph and I am lucky to be alive.

I feel this car is dangerous and should be given careful consideration by the manufacturer to see it's brake problems are taken care of.

Also, i would like to know why when shim kits were ordered for the back brakes which were making a squeeking sound when the car went into reverse (just a noise problem, not a mechanical problem) why the customer who bought their brand new 2002 Outback were not notified to bring their cars into service and get the squeaking brakes repaired. I found out by accident that this was a problem with my 2002 outback but was never notified by either the dealer from which i bought the car nor the manufacturer prior to this.

END OF FORM

U.S. Department
of TransportationNational Highway
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Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393

DC METRO AREA (202) 366-0123

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FOR AGENCY USE ONLY 1058

Date Received

09-FEB-2002

 Od_or _____
 rt_dt _____
 od_rt _____
 ip_lr _____

Reference No.

785871

Work Number

Home Number 828-300-4110

OWNER INFORMATION (Type or Print)

 ELAINE ROSE 740049
 PO BOX 236
 EDNEYVILLE NC 28727

 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) (Locate at bottom of windshield or driver's side) 4S3BH665527614592	Vehicle Make SUBARU TRUCK	Vehicle Model OUTBACK	Vehicle Year 2002	Current Odometer Reading
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Purchase Date 26-SEP-2001	Dealer's Name _____	Engine Size (CID/CC/L 4CYL	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15110000	Part Name(s) EQUIPMENT:ELECTRIC POWER ACCESSORIES:WINDOWS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATED THE VEHICLES REAR POWER WINDOWS NEED FIXING. *JG

CONTINUE ON REVERSE

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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield and door side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4S3BH665527614592	SUBARU TRUCK	OUTBACK	2002	

Purchase Date 26-SEP-2001	Dealer's Name _____	Engine Size (CID/CC/L 4CYL)	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
	Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10322000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WASHER:PUMP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE VEHICLES WINDSHIELD WASHER SQUIRTS WATER OVER THE HOOD INSTEAD OF ON THE WINDSHIELD. *JG

COPIES OF THIS FORM ARE:

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☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATED THAT THE HEADLIGHTS WERE AIMED TOO LOW AT TIME OF PURCHASE AND IS HAVING PROBLEMS SEEING THE ROAD. *JG

CONTINUE ON REVERSE

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EDNEYVILLE NC 28727

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☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 2	Date(s) of Failure(s) 05-DEC-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s) 35		

APPLICATION INCIDENT INFORMATION

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

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATED THE BRAKES FAILED TWICE, HAD VEHICLE TAKEN TO THE DEALER, BUT COULD NOT DUPLICATE THE PROBLEM, BOTH TIMES WHEN BRAKES FAILED, THE PAVEMENT WAS DAMP BUT ABOVE FREEZING, CONSUMER TREID TO STOP FOR A STOP SIGN AND COULD NOT. ^JG

CONTINUE ON REVERSE

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