



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 1038

Date Received

03-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8001497

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4S3BH675217661253	SUBARU	LEGACY	2001			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-Door <input 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 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS ATTEMPTING TO PULL INTO A PARKING SPACE WHILE LIGHTLY TOUCHING BRAKE PEDAL WHEN VEHICLE SUDDENLY ACCELERATED RUNNING OVER AN ENBANKMENT, AND HITTING SIDE OF A BUILDING. BRAKE PEDAL WENT TO THE FLOOR, BUT THE VEHICLE WOULD NOT STOP. CONSUMER SUSTAINED INJURIES TO NECK AND BACK AREAS OF BODY, AND DAMAGE TO VEHICLE WAS ESTIMATED OVER FOUR THOUSAND DOLLARS. DEALER HAS YET TO BE CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*AK

COPIED FROM NHTSA FORM 1038

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.

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1038

Date Received: DEC 20 2002

Reference No. 8007497

DEC 20 2002
 INVESTIGATION

OWNER INFORMATION (Type or Print)

731988

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized NHTSA URL, NOT send your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 01/28/02

VEHICLE INFORMATION

Vehicle Identification Number (Located at bottom of windshield on driver's side): 4S3BH675217661253

Vehicle Make: SUBARU Vehicle Model: LEGACY Vehicle Year: 2001 Current Odometer Reading: _____

Purchase Date: 10/2/01 Dealer's Name: Barbara Sahara Engine Size (CID/CC/L): _____ Turbo Diesel Gas Fuel Injecto:

New Used City: SAN DIEGO State: CA Zip Code: _____ No Cylinders: 4

Transmission Type: Manual Automatic
 Antilock Brakes: Yes No
 Restraint System: Point Belt Motorbelt Driverside Airbag 2-Point Bel Passengerside Airbag
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other Sport Utility Truck Motorcycle
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

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

Component: 06400000 Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL Location: Left Right Front Rear Failed Part(s): Original Replacement

No. of Failures: 1 Date(s) of Failure(s): 20-DEC-2001 Mileage at Failure(s): 1700 Vehicle Speed at Failure(s): was stopping to fill tank
from 5mph when car accelerated to about 25

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: 1 Number of Fatalities: _____ Estimated Property Damage: over \$3000 to car Reported to Police: Yes No

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

CONSUMER WAS ATTEMPTING TO PULL INTO A PARKING SPACE WHILE ~~STOPPING~~ TOUCHING BRAKE PEDAL WHEN VEHICLE SUDDENLY ACCELERATED RUNNING OVER AN ENBANKMENT, AND HITTING SIDE OF A BUILDING. BRAKE PEDAL WENT TO THE FLOOR, BUT THE VEHICLE WOULD NOT STOP. CONSUMER SUSTAINED INJURIES TO NECK AND BACK AREAS OF BODY, AND DAMAGE TO VEHICLE WAS ESTIMATED OVER ~~THREE~~ THOUSAND DOLLARS. DEALER HAS YET TO BE CONTACTED. PLEASE PROVIDE FURTHER DETAILS. *AK Dealer now has the car to try to determine cause of problem.