



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 758

Date Received

30-JAN-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8003160

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		
4S3BD6351S7235041	SUBARU	LEGACY	1995			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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 _____	Body Style <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 05150000 06300000	Part Name(s) ENGINE:OTHER PARTS FUEL:FUEL INJECTION SYSTEM	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) 10-SEP-2001 Mileage at Failure(s) 53000 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 type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER NOTICED SPOTS ON DRIVEWAY. VEHICLE WAS TAKEN TO DEALERSHIP FOR INSPECTION. DEALER DETERMINED THAT O RINGS WERE LEAKING, ALSO FRONT CRANK SEAL HAD TO BE REPLACED.*AK

COPIES OF THIS FORM ARE:

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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

DEFECTS INVESTIGATION
MAR 11 2002
30-JAN-2002
OFFICE

Od_or _____
rt_dt _____
od_rt _____
up_tr _____

Reference No.
8003160

OWNER INFORMATION (Type or Print)

736438

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized signature, please print name and address to the vehicle manufacturer.
Signature of Owner _____
 YES NO
Date 2/18/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 4S3BD6351S7235041
Vehicle Make SUBARU
Vehicle Model LEGACY SEDAN
Vehicle Year 1995
Current Odometer Reading 53,451

Purchase Date 8-19-95
Dealers Name VALLEY MOTORS
City COLLENSVILLE State MD Zip Code 21830
Engine Siz _____
No. Cylinders _____
 Turbo
 Diesel
 Gas
 Fuel Injectio

Transmission Type Manua Automatic
Antilock Brakes Yes No
Restraint System
 3-Point Belt Motorbelt
 Driverside Airbag 2-Point Belt
 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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05188000
05300000
Part Name(s) ENGINE-OTHER PARTS
FUEL FUEL INJECTION SYSTEM LEAK O RINGS
Location
 Left Right
 Front Rear
Failed Part(s)
 Original
 Replacement

No of Failures _____
Date(s) of Failure(s) 10-SEP-2001 9-19-01 50,986
Mileage at Failure(s) 53000 RECALIB 9-25-01
Vehicle Speed at Failure(s) 57,017
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 Damage _____
Reported to Police Yes No

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

CONSUMER NOTICED SPOTS ON DRIVEWAY. VEHICLE WAS TAKEN TO DEALERSHIP FOR INSPECTION. DEALER DETERMINED THAT O RINGS WERE LEAKING, ALSO FRONT CRANK SEAL HAD TO BE REPLACED.*AK
* SEE ATTACHED REPAIR AND MAINTENANCE REPORT

CONTINUE ON BACK IF NECESSARY

The Privacy Act of 1974 (Public Law 93-57) 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.

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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