



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 798

Date Received

16-APR-2002

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

Reference No.

8007674

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	SUBARU TRUCK	OUTBACK	2000	
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
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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
Vehicle Type	Body Style			
<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 checked="" type="checkbox"/> Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000 12420000	Part Name(s) ENGINE INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	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) 01-DEC-2000 Mileage at Failure(s) 34000 Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE CHECK LIGHT WILL COME ON AND STAY ON AND INTERMITTENTLY VEHICLE WILL SHUT OFF. CONTACTED DEALER, AND THE DEALER COULD NOT FIND THE CAUSE OF PROBLEM.*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 798

Date Received

JUN 11 PM 2:5
16-APR-2002

OFFICE

DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_itr

Reference No.

B007674

OWNER INFORMATION (Type or Print)

748554

CROZET

VA

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 authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.
Signature of Owner _____ Date 6/28/02 YES NO

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <i>4S3BA6656Y7615498</i>	Vehicle Make <i>Subaru</i>	Vehicle Model <i>Outback</i>	Vehicle Year <i>2000</i>	Current Odometer Reading <i>35,048</i>
Purchase Date <i>Dec. 199</i>	Dealer's Name <i>Rocky Mtn Subaru</i>	Engine Size (CID/CC/L) <i>4</i>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <i>Grand Junction</i> State <i>Co</i> Zip Code _____	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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <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 checked="" type="checkbox"/> 4-Wheel <i>All-wheel</i>	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Jlt Truck <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component <i>05100000 12420000</i>	Part Name(s) <i>ENGINE INTERIOR SYSTEMS: INSTRUMENT PANEL: GAUGE: INDICATOR</i>	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 checked="" type="checkbox"/> Replacement
No of Failures <i>frequent</i>	Date(s) of Failure(s) <i>01-DEC-2000</i> Mileage at Failure(s) <i>34000</i> Vehicle Speed at Failure(s) <i>varies</i>	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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE CHECK LIGHT WILL COME ON AND STAY ON AND INTERMITTENTLY VEHICLE WILL SHUT OFF. CONTACTED DEALER, AND THE DEALER COULD NOT FIND THE CAUSE OF PROBLEM.*AK

see back

CONTINUE ON BACK IF NEEDED

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 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.

EXAMPLES DOCUMENTED

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

- 4/30/01 FULL TANK GAS - AT/OIL TEMP + CHECK ENGINE LIT ON - POWER LOSS (inter 2001ZSU)
 - 6/9/01 SAME AS ABOVE - TOOK CAR TO DEALER - no remedy 65mph
 - 5/10/01 1/4 TANK GAS - SAME AS ABOVE 10mph - Barracks Rd Shopping Center
 - 5/20/01 1/2 " " Church parking lot 10mph - POWER LOSS
 - 5/25/01 " " IN nursery 40mph - had to put in neutral to restart while
 - 7/19/01 1/2 tank gas - stalled at a traffic light
 - 7/21/01 FULL TANK - on way to MALL - Both lts on - ENGINE FAILURE
 - 7/24/01 1/4 tank - stop light @ Barracks Rd Center
 - 7/25/01 1/8 " - Birdwood Golf Course exit
 - 9/10/01 1/3 " STOP LIGHT @ Semple Square
- Stopped documenting here but problem still remains
- 4/12/02 > LOST POWER 2X ON HIGHWAY
- 5/4/02

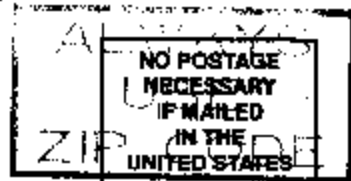
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



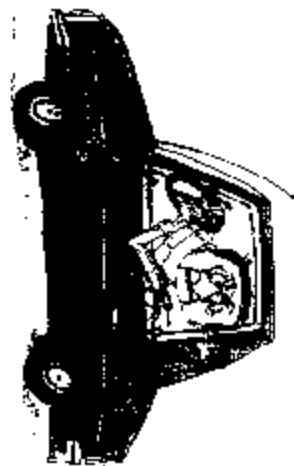
BUSINESS REPLY MAIL FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590

20590+0001



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DOT Auto Safety Hotline (DASH) 2 DOT

1-888-DASH-2-DOT 1-888-327-4236

DASH2DOT and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



VEHICLE OWNER'S