



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.

8007675

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		
	SUBARU TRUCK	OUTBACK	2000			
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 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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input 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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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	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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THERE IS SLIPPAGE IN TRANSMISSION. WHEN DRIVING IT CAN HAPPEN AT ANY SPEED, AND WILL HAPPEN MORE OFTEN IN STOP AND GO TRAFFIC. CONTACTED DEALER. *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.



DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4238

16 APR-2002

www.nhtsa.dot.gov/hotline

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

OWNER INFORMATION (Type or Print)

74854

Work Number

Home Number

Reference No. 8007675

FOR AGENCY USE ONLY 79B

Date Received

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, your name and address to the vehicle manufacturer. YES NO

Date 4/29/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 4S3B46567A615498

Vehicle Mark SUBARU TRUCK

Vehicle Model OUTBACK

Vehicle Year 2000

Current Owner's Reading 84155

Purchase Date Dec. 1999

New Used

Dealer's Name Betty's Subaru

City/Town/State/Zip Code

Engine Size (CID/CC) 4

Fuel: Turbo Diesel Gas Injectio

Transmission Type Automatic Manual

Antilock Brakes Yes No

Restraint System 3-Point Belt Motorcycl

Diverside Airbag 2-Point Bel

Passengerside Airbag

Cruise Control Yes No

Drive Train F-Wheel R-Wheel

Front Rear

4-Wheel

Vehicle Type Car Van Minivan Other

Sport Ut

Truck

Motorcycle

Body Style 2-Door 4-Door

Stationwagon

Pick Up

Truck

Component 07300000

Part Name's POWER TRAN: TRANSMISSION: AUTOMATIC

Location Left Right

Failed Parts Original Replacement

No of Failures

Numbers 5 (x times)

Date(s) of Failure(s) 01-DEC-2000

Mileage at Failure(s) 34000 on-gauge from purchase

Vehicle Speed at Failure(s) 40 mph

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)

NOT YES!

Crash Yes No

Fire Yes No

Number of Persons Injured

Number of Failures

Estimated Property Damage

Reported to Police Yes No

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

THERE IS SLIPPAGE IN TRANSMISSION, WHEN DRIVING IT CAN HAPPEN AT ANY SPEED, AND WILL HAPPEN MORE OFTEN IN STOP AND GO TRAFFIC, CONTACTED DEALER, *AK

RT/OIL LIGHT & CHECK ENGINE LIGHT CAME ON TESTER

AND THEN THE POWER GOES OUT, THIS HAS OCCURRED

WHEN STOPPED (HOLDING) AND WHEN MOVING. DEARSHIP ADMITS

CONTINUE ON BACK IF NEEDED

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I now use Betty's Subaru VA

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

the onboard computer shows a problem exists BUT
claims they cannot identify cause unless it happens
in their presence. How is THIS POSSIBLE?

Please HELP... Jim APPROACHING NY 36K
MILE END OF WARRANTY

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

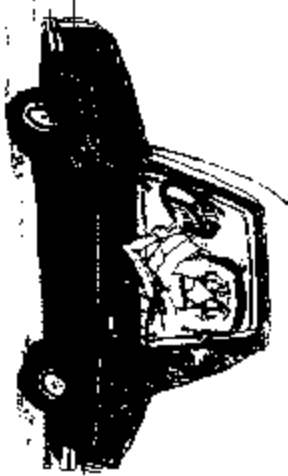
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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