



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 1220

Date Received

16-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007745

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		
4S3BH806017658740	SUBARU	LEGACY	2001			
Purchase Date <input type="checkbox"/> New <input checked="" 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 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 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) _____ 12185 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	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)

WHILE DRIVING AND COMING TO A COMPLETE STOP VEHICLE LUNGES FORWARD AUTOMATICALLY. HOWEVER, AN ACCIDENT OCCURRED. THERE WERE NO INJURIES. ALSO, WHEN IN REVERSE VEHICLE WILL JUST TAKE OFF ON ITS OWN GOING BACKWARD. THERE IS A TECHNICAL SERVICE BULLETIN REGARDING THIS ISSUE. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

CONTINUED ON REVERSE

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.

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CONTINUE ON BACK IF NEEDED

WHILE DRIVING AND COMING TO A COMPLETE STOP VEHICLE LUNGES FORWARD AUTOMATICALLY. HOWEVER, AN ACCIDENT OCCURRED. THERE WERE NO INJURIES. ALSO, WHEN IN REVERSE VEHICLE WILL JUST TAKE OFF ON ITS OWN GOING BACKWARD. THERE IS A TECHNICAL SERVICE BULLETIN REGARDING THIS ISSUE. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

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

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number of Persons Injured	0	Number of Fatalities	0	Estimated Property Damage	\$ 2900.00	Reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	Date(s) of Failure(s) 3/24/02 - accident		Mileage at Failure(s) 12185	Vehicle Speed at Failure(s) 5-10 mph	NHTSA Previously	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Component 06400000
Part Name(s)
FUEL THROTTLE LINKAGES AND CONTROL

Location	<input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s)	<input type="checkbox"/> Front <input type="checkbox"/> Rear	Original Replacement	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
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FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System	<input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> 4-Point Belt	Monorail	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cruise Control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> AWD
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Purchase Date	6/23/01	Dealer's Name	PREMIER SUBARU	City	BRANDFORD	State	CT	Zip code	06405
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Vehicle Ident. No. (VIN)	43BBH806017658740	Vehicle Make	SUBARU	Vehicle Model	LEGACY	Vehicle Year	2001	Current Odometer Reading	12950
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO
 In the absence of your signature, the manufacturer will assume that you have authorized NHTSA to provide a copy of report to the manufacturer of your vehicle.
 Signature of Owner: _____ Date: 5/1/02

OWNER INFORMATION (Type or Print)
 Home Number: _____
 Work Number: _____
 748817

Vehicle Owner's Questionnaire (VOQ)
 DOT Auto Safety Hotline
 1-888-DASH-2-001
 1-888-327-4236
 www.nhtsa.dot.gov/hotline
 NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
 U.S. Department of Transportation
 Reference No. B007745
 Date Received: 16 APR 2002
 FOR AGENCY USE ONLY 1220

NEED NOT USE!

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

REMOVED FOOT FROM BRAKE WHILE STOPPED,
CAR LUNGED FORWARD INTO CAR IN FRONT.

ATTACH ADDITIONAL SHEETS IF NECESSARY

James I. Mac Math
Carol A. Mac Math
7 Indian Hill Rd.
Monroe, CT 06468

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

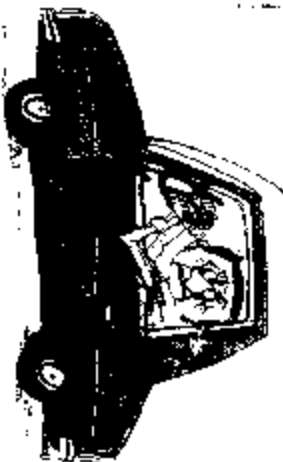
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

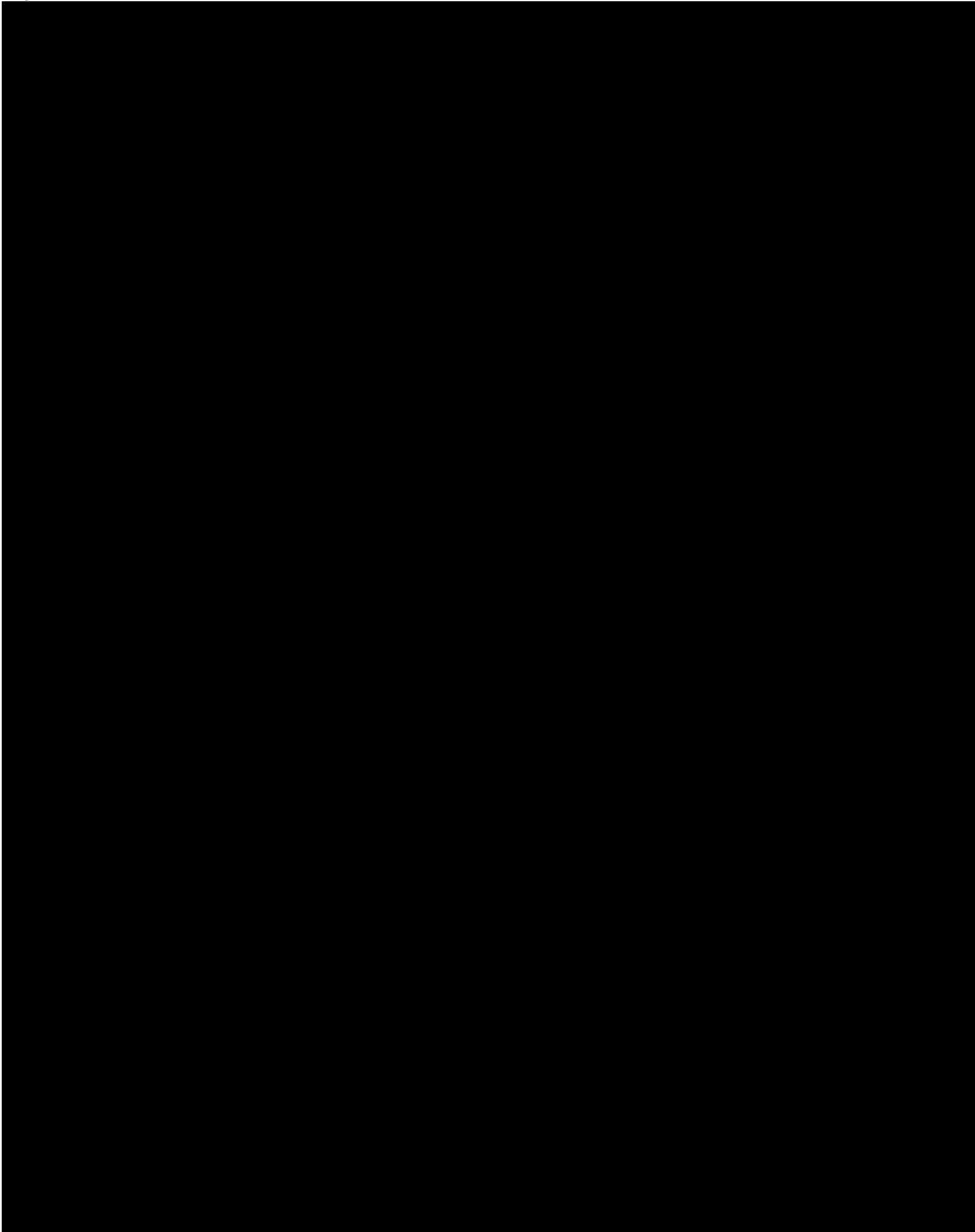
DOT Auto Safety Hotline
(DASH) 2 DOT

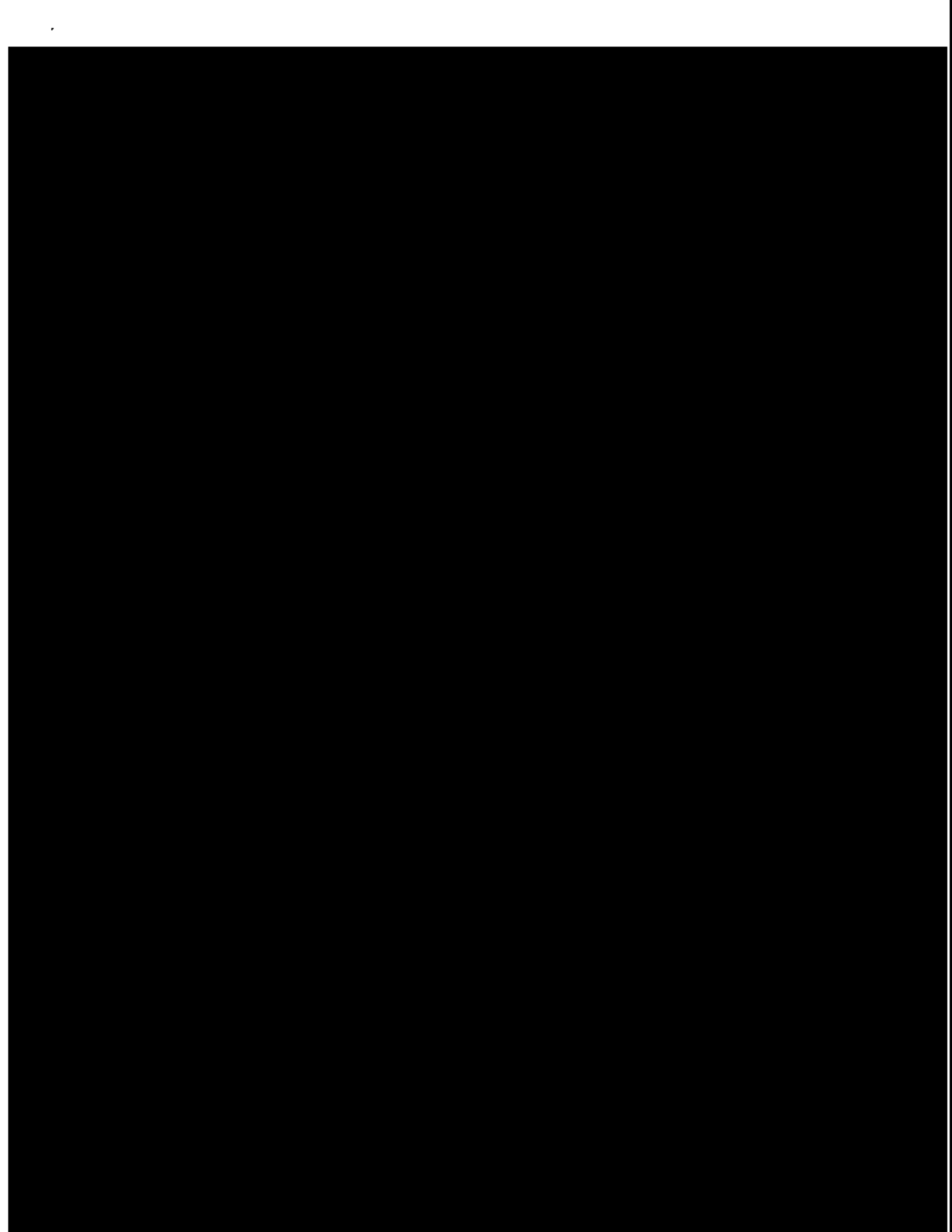


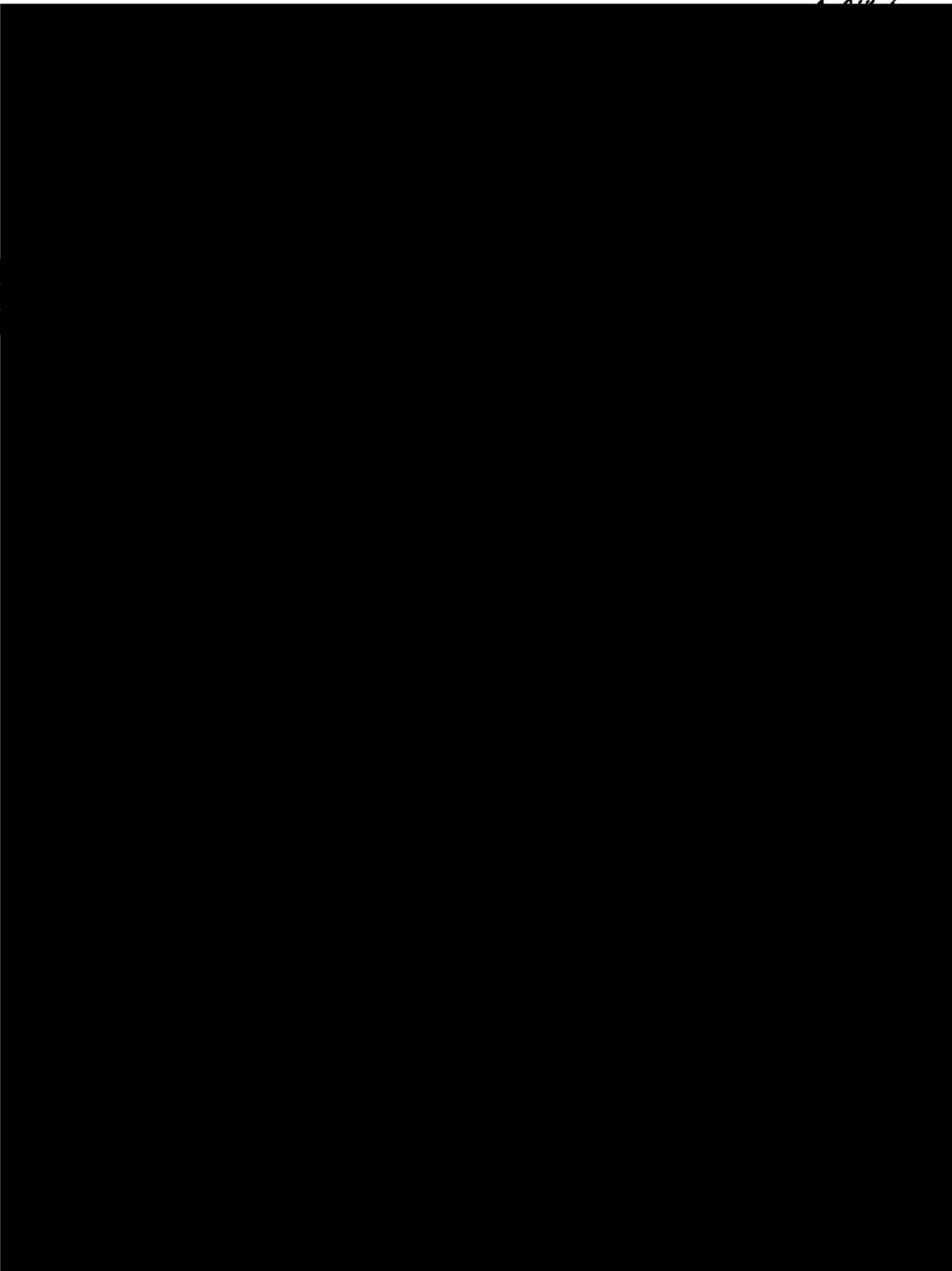
U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/Hotline>

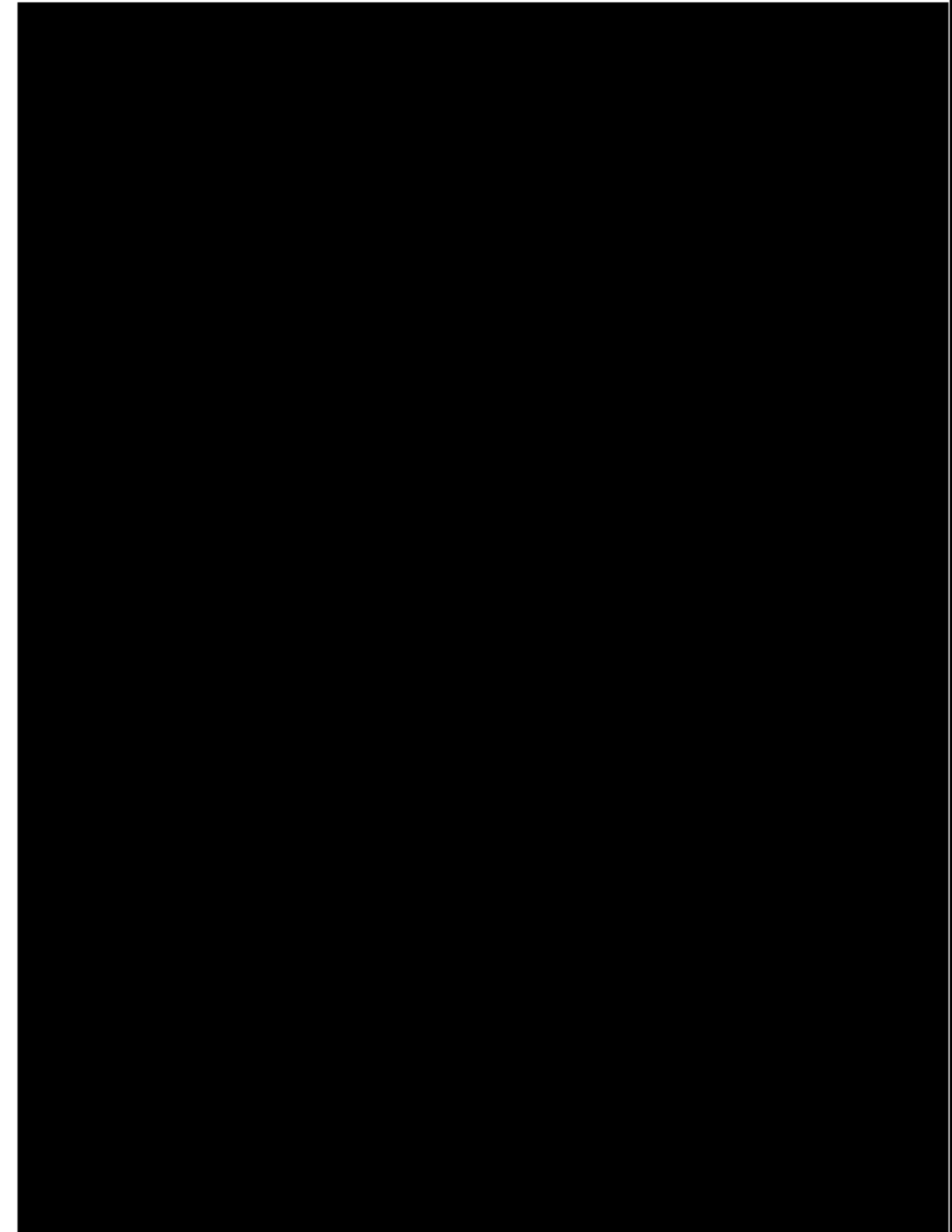
**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

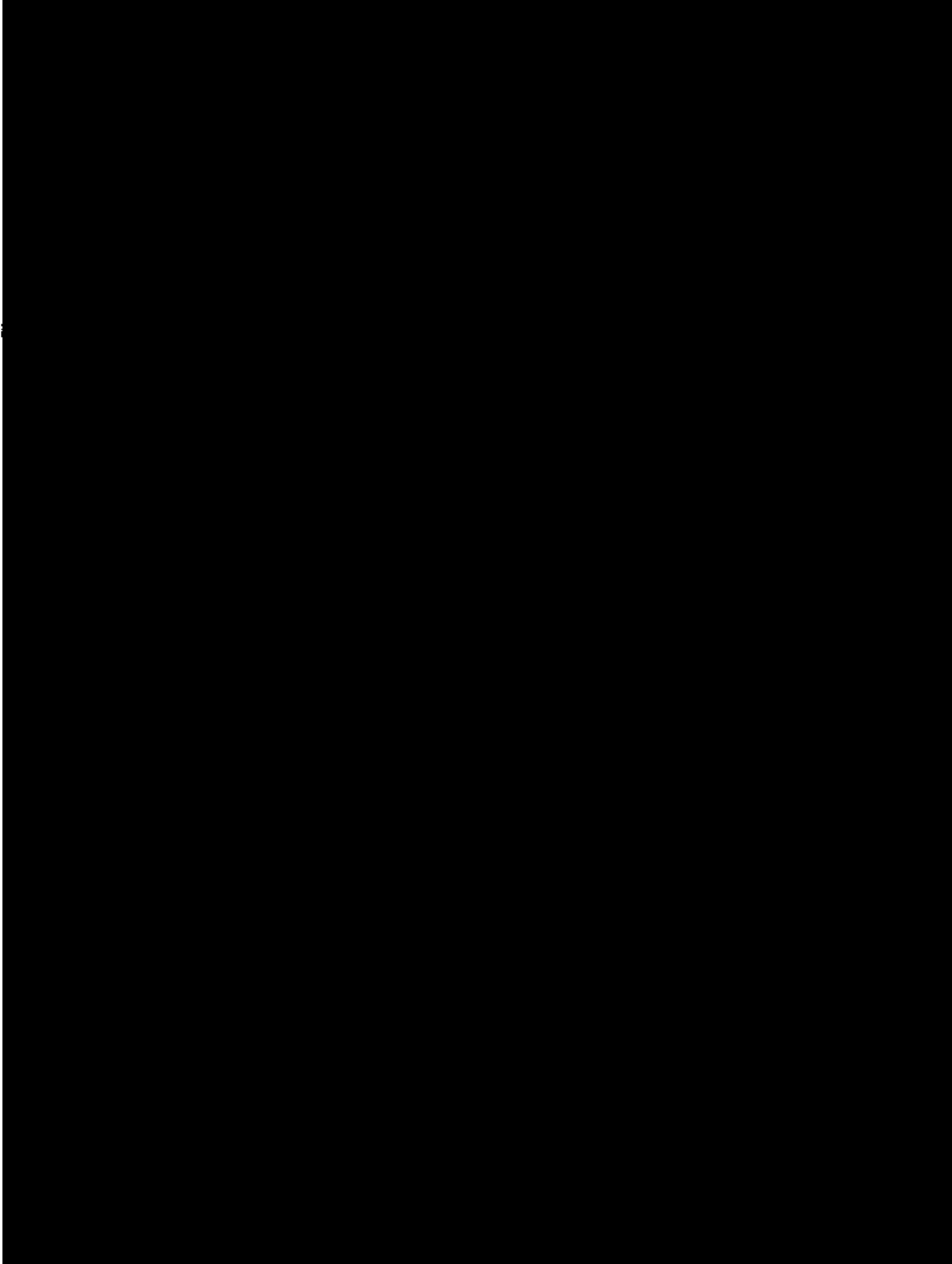
(Page 1 through Page 8)











ACCIDENT DIAGRAM

See page 2

INDICATE NORTH



TRUMBULL PD
 CERTIFIED
 COPY
 DATE: 4/17/02
 AUTH: 149

TRAFFIC UNIT # 3 TRAVELING

N S E W ON RT III

TRAFFIC UNIT # TRAVELING

N S E W ON

