

U.S. Department
of TransportationNational 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 197

Date Received

01-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

862884

 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>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
453BD635759222637	SUBARU	LEGACY	1995	

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 Injection
<input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	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 Failures 0	Date(s) of Failure(s) 31-MAY-2000 Mileage at Failure(s) 54000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	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)

WHILE DRIVING ABOUT 45 MPH ANOTHER VEHICLE IN FRONT OF CONSUMER WAS TRYING TO MAKE A LEFT, AND CONSUMER REARENDED THE VEHICLE. UPON IMPACT, AIR BAGS DEPLOYED, BURNING CONSUMER'S RIGHT ARM. *AK

CONTINUED ON BACK PLEASE

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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01 JUN 2000

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OWNER INFORMATION (Type or Print)

DEFECTS INVESTIGATION

Reference No.
862884

[Redacted Name]
611828

Work Number [Redacted]
Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of an [Redacted] name and address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 6/17/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 453BD636759222637
Vehicle Make SUBARU
Vehicle Model LEGACY
Vehicle Year 1995
Current Odometer Reading 54000

Purchase Date 8-95
Dealer's Name EDDIE ACCARDI
City POMERANO BEACH State FL Zip Code [Redacted]
Engine Size (CID/CC/L) [Redacted]
No Cylinders 4
 Turbo
 Diesel
 Gas
 Fuel Injection

Transmission Type Manual Automatic
Antilock Brakes Yes
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 Ut 2-Door
 Van Truck 4-Door
 Minivan Motorcycle Stationwagon
 Other Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111006
Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS; AIR BAG: FRONT
Location Left Right Original
 Front Rear Replacement

No of Failures 0
Date(s) of Failure(s) 31-MAY-2000
Mileage at Failure(s) 54000
Vehicle Speed at Failure(s) 0
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? 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 0
Estimated Property Damage [Redacted]
Reported to Police Yes No

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

WHILE DRIVING ABOUT 45 MPH ANOTHER VEHICLE IN FRONT OF CONSUMER WAS TRYING TO MAKE A LEFT, AND CONSUMER REARENDED THE VEHICLE. UPON IMPACT, AIR BAGS DEPLOYED, BURNING CONSUMER'S RIGHT ARM. *AK

CORRECTIONS: OTHER DRIVER TURNED IN FRONT OF ME CAUSING ME TO HIT HER BROADSIDE ON HER PASSENGER SIDE. I AM ONLY ASKING IF BURNS OR ABRASIONS ARE A NORMAL RESULT OF AN AIRBAG DEPLOYING, ACCORDING TO A PAMPHLET FROM THE AMERICAN QUALITY FOR TRAFFIC SAFETY, SENT TO ME BY SUBARU, IT IS.

CONTINUE ON BACK IF NEEDED

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