

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

130

Date Received

09-AUG-2000

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Reference No.

867273

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.) (located at front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	SUBARU TRUCK	OUTBACK	1999	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No. Cylinders	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ Sport Vlt ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT A	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Dates of Failure(s) Mileage at Failure(s) 20000 Vehicle Speed at Failure(s)	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	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING ON RAINY ROAD AT APPROXIMATELY 25 MPH VEHICLE HYDROPLANED AND PICKED UP SPEED TO 35 MPH, AND HIT TELEPHONE POLE HEAD-ON. BUT, DUAL AIRBAGS DID NOT DEPLOY, CAUSING HEAD AND JAW INJURIES. SEATBELTS WERE NOT WORN AT THE TIME.*AK

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 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) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 150 Date Received <u>00 SEP 21</u> <u>09-AUG-2000</u> DEFECTS INVESTIGATION 867273	
OWNER INFORMATION (Type or Print) 625770		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of _____ provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date <u>9/17/2000</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>4S3B66855X7645249</u>		Vehicle Make <u>SUBARU TRUCK</u>	Vehicle Model <u>OUTBACK</u>
		Vehicle Year <u>1999</u>	Current Odometer Reading <u>23,000</u>
Purchase Date _____ ☒ New ☐ Used	Dealer's Name <u>HELMUT'S SUBARU</u> City <u>BRIDGEPORT</u> State <u>CT</u> Zip Code <u>06606</u>		Engine Size (CID/CC/L) _____ No. Cylinders <u>4</u> ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ 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 <u>AWD.</u>		Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other <u>Station Wagon</u>	Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☒ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>12111000</u>	Part Name(s) <u>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</u> <u>DRIVER AIR BAG ALSO</u>		Location ☒ Left ☒ Front ☐ Right ☐ Rear
No. of Failures _____		Date(s) of Failure(s) <u>MAY 19, 2000</u> Mileage at Failure(s) <u>20000</u> Vehicle Speed at Failure(s) <u>35-40 MPH APPROX.</u>	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 <u>1</u>	Number of Fatalities <u>0</u>
		Estimated Property Damage <u>\$6,700</u>	Reported to Police ☒ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING ON RAINY ROAD AT APPROXIMATELY 25 MPH VEHICLE HYDROPLANED AND PICKED UP SPEED TO 35 MPH, AND HIT TELEPHONE POLE HEAD-ON. BUT, DUAL AIRBAGS DID NOT DEPLOY, CAUSING HEAD AND JAW INJURIES. SEATBELTS WERE NOT WORN AT THE TIME.*AK			
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