

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 118

Date Received

09-NOV-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

874752

 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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JF1SF65651H715114	SUBARU TRUCK	FORESTER	2001	

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 ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10110000	Part Name(s) VISUAL SYSTEMS:GLASS:WINDSHIELD	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WINDSHIELD SCRATCHES TOO EASILY. THIS IS A GREAT DISTRACTION TO DRIVER, ESPECIALLY FROM THE REFLECTION OF SUN. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON BACK

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.

FOR AGENCY USE ONLY

Date Received: 01 JAN - 9 AM
 Office: OFFICE OF INVESTIGATION
 Reference No.: 874752

Home Number: [REDACTED]
 Work Number: [REDACTED]

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OWNER INFORMATION (Type or Print)

854780

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 ID# (VIN): 1F156561H15114
 Vehicle Make: SUBARU TRUCK
 Vehicle Model: FORESTER
 Vehicle Year: 2001
 Current Odometer Reading: 5200

Purchase Date: 6/7/00
 Dealer's Name: SMITH-CHRYSLER
 City: YONKERS State: NY Zip Code: 10704

Engine Size: 2.5L No Cylinders: 4
 Fuel Injection: ☒ Gas ☐ Diesel ☐ Turbo

TRANSMISSION TYPE

Automatic ☒ Manual ☐
 Antilock Brakes: ☒ Yes ☐ No

RESTRAINT SYSTEM

3-Point Belt ☒ 2-Point Belt ☐ Motorized ☐
 Driver's Side Airbag ☒ Passenger's Side Airbag ☒

CRUISE CONTROL

Yes ☒ No ☐

DRIVE TRAIN

Front ☒ Rear ☐ 4-Wheel ☐

VEHICLE TYPE

Car ☐ Van ☐ Minivan ☐ Other ☐
 Sport Ute ☒ Truck ☐ Motorcycle ☐ Other ☐

BODY STYLE

2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☒ Other ☐

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 10118008 Part Name(s): VISUAL SYSTEMS: GLASS: WINDSHIELD

Location: ☒ Front ☐ Left ☐ Right ☐ Rear

Failed Part(s): ☒ Original ☐ Replacement

No of Failures: _____

Date(s) of Failure(s): _____ Mileage at Failure(s): _____

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: _____

Number of Failures: _____

Estimated Property Damage: _____

Reported to Police: ☐ Yes ☒ No

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

WINDSHIELD SCRATCHES TOO EASILY. THIS IS A GREAT DISTRACTION TO DRIVER, ESPECIALLY FROM THE REFLECTION OF SUN. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

I BELIEVE THE OUTSIDE OF THE FRONT WINDSHIELD IS SOME SORT OF PLASTIC AS I TRIED A SAMPLE OF A WHITE POLISH/CLEANER AND IT SEEMED TO TAKE THE SHARP EDGES OF THE SCRATCHES

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