



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

758

Date Received

21-FEB-2001

Od_or _____

rt_dt _____

pd_rt _____

ip_ltr _____

Reference No.

880962

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 bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JF1FF65661H751748	SUBARU TRUCK	FORESTER	2001	

Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size _____ (CID/CC/L) No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
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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	Vehicle Type ☐ Car ☐ Sport Util ☐ 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 12411000 12412100	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) 06-FEB-2001 Mileage at Failure(s) 1400 Vehicle Speed at Failure(s) 35	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)

WHILE DRIVING 35 MPH WAS HIT ON FRONT QUARTER, NEITHER AIRBAG DEPLOYED. VEHICLE HAS SIDE AIRBAGS. LIKELY TO BE TOTALLED. *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.

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 758

Date Received

12-6 PM 3:07

21-FEB-2001

OFFICE

OFFICE INVESTIGATION

Od. or

rt. dt

od. rt

up. hr

Reference No.

880962

OWNER INFORMATION (Type or Print)

675671

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.☒ YES☐ NO

Signature of Owner

Date 3/2/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) JF1FF85581H751748	Vehicle Make SUBARU TRUCK	Vehicle Model FORESTER	Vehicle Year 2001	Current Odometer Reading 1,404
Purchase Date 12-2-00	Dealer's Name Camelback Subaru		Engine Size (CID/CC/L) 6	☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
☒ New ☐ Used	City Phoenix State AZ Zip Code 85014		No Cylinders 6	
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 ☒ All Wheel
Vehicle Type ☐ Car ☐ Van ☒ Minivan ☒ Other SUV		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 12112100	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR	Location ☒ Left ☒ Front ☐ Right ☒ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 05-FEB-2001 Mileage at Failure(s) 1400 Vehicle Speed at Failure(s) 35	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 Known injured Hit & Run	Number of Fatalities 0	Estimated Property Damage 27,000	Reported to Police ☒ Yes ☐ No Yes
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 35 MPH WAS HIT ON FRONT QUARTER, NEITHER AIRBAG DEPLOYED. VEHICLE HAS SIDE AIRBAGS. LIKELY TO BE TOTALLED. *AK

My injuries included a concussion, whiplash, Left arm & hand are numb, Left leg is numb. Shoulder (Left) injured. Right hip & knee strained. Chest hurts. I had a chest X-Ray & MRI of my head on 3/1/01

CONTINUE ON BACK IF NEEDED

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