



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 117**

Date Received

06-APR-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

885278

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>FILL IN</b>	SUBARU TRUCK	FORESTER	2000	

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 Injectio
<input checked="" type="checkbox"/> New <input 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 checked="" 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 12420000	Part Name(s) INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	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	Date(s) of Failure(s) 28-MAR-2001 7 Mileage 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	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)**


**ENGINE CHECK LIGHT KEEPS COMING ON ONCE STARTED AND WOULD STAY ON UNTIL VEHICLE IS SHUT DOWN. TAKING VEHICLE TO DEALERSHIP.\*AK**

CONFIDENTIAL - NHTSA

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.

VIN # 1  
 SUBARU Forester JF1SF6356YH716244

Form Approved OMB No. 2127-0025

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY 1:7</b>	
	Date Received <b>06-APR-2001</b>	Order No. Ref. No. <b>885278</b>
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <b>685200</b>		Work Number Home Number [Redacted]
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date <b>4/19/01</b>		

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
[Redacted]	<b>SUBARU TRUCK</b>	<b>FORESTER</b>	<b>2000</b>			
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>Honolulu</b>	State <b>HI</b>	No. Cylinders <b>4</b>			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel <b>AWD</b>	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input checked="" 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 checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>12420000</b>	Part Name(s) <b>INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR</b>	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 <b>2</b>	Date(s) of Failure(s) <b>28 MAR-2001</b>	Mileage at Failure(s) <b>7</b>	Vehicle Speed at Failure(s)
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ENGINE CHECK LIGHT KEEPS COMING ON ONCE STARTED AND WOULD STAY ON UNTIL VEHICLE IS SHUT DOWN. TAKING VEHICLE TO DEALERSHIP.\*AK

Gas access door ajar causes light to come on - "check engine", 2 events to date. Door appears to not have a secure close (no click - spongy)

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. \*

D	O	T	J	F	I	S	F	6	3	5	6	Y	H	71624	MANUFACTURER/TIRE NAME	SIZE
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\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

WHEN FUELING CAR IF GAS CAP IS NOT ON  
 the "engine check" DASH LIGHT comes on and  
 will not go off. CAR HAS to be taken into the  
 dealership to be reset. When the light comes on  
 it make you alert that something other than  
 that is wrong. IT DOES concern us. Do we continue  
 to drive the car. "Check engine" It should read  
 "Check gas cap."

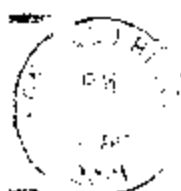
Replace R/R DOOR SWITCH A 828-101 12-1-200  
 PART# 834431FA000 FALTY SWITCH -

☆ U.S.G.P.O.: 1992 - 623-867 / 90096

U.S. Department  
 of Transportation  
**National Highway  
 Traffic Safety  
 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  
**Information Management Staff NSA-10.01**  
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 Washington, DC 20590

