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| U.S. Department of Transportation National 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 920 Date Received 01 JUN 21 2001 25-MAY-2001 OFFICE OF FIDE DEFECTS INVESTIGATION | Order # _____ Order # _____ Order # _____ Order # _____ Reference No. 889161 |
| | OWNER INFORMATION (Type or Print) [Redacted] 694012 | | 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 authorized NHTSA Writ, you provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 6/6/01

| VEHICLE INFORMATION | | | | | | |
|--|---|---|--|--|---|--|
| Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 4S3BC6339N1624275 | Vehicle Make SUBARU | Vehicle Model LEGACY | Vehicle Year 1992 | Current Odometer Reading 155,000 | | |
| Purchase Date _____ | Dealer's Name _____ | | Engine Size (CID/CC) 16 VALVE | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | | No. Cylinders 4 | | | |
| Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <input type="checkbox"/> 2-Door <input checked="" 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 08410000 | Part Name(s) ELECTRICAL SYSTEM:FUSE | Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures _____ | Date(s) of Failure(s) <u>23-MAY-2001</u> | Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Mileage at Failure(s) <u>155000</u> | | | |
| Vehicle Speed at Failure(s) _____ | | | |

| APPLICATION INCIDENT INFORMATION | | | | | |
|---|---|---------------------------------------|----------------------------------|------------------------------------|---|
| <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small> | | | | | |
| Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage _____ | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

WHILE STOPPING AT A TRAFFIC SIGNAL ALL OF ELECTRICAL FUNCTIONS STOPPED, AND VEHICLE STOPPED OPERATING. A BLACK FUSE CABLE IN FUSE BOX, FUSE LINK: 82301GA060 BURNED UP, AND BURNED A MARK ON COVER OF FUSE BOX. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*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.

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 4)

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PAY THIS AMOUNT



