



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** §20

Date Received

06-AUG-2001

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

Reference No.

893496

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make  | Vehicle Model   | Vehicle Year  | Current Odometer Reading   |   |   |
| 4F3BJ6337R6956309  | SUBARU  | LEGACY  | 1994  |  |   |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name<br>City _____ State _____ Zip Code _____                                    | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>02113000 | Part Name(s)<br>SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:;     | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>C1-JAN-2001<br>150000<br>Mileage at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|--------------------------|---|

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

**WHILE DRIVING UNDER WINTER WEATHER CONDITIONS VEHICLE WAS MAKING NOISES AND HANDLING IMPROPERLY. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT FRONT COIL SPRINGS WERE BROKEN. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*AK**

GOVERNMENT USE ONLY

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.

|   |  |
|---|--|
| <p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p><b>FOR AGENCY USE ONLY</b> 920</p>  |
|   | <p><i>Defect</i> <b>17 AUG 2001</b><br/><b>06-AUG-2001</b><br/><b>OFFICE INVESTIGATION</b></p> |
| <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>   | <p>Od_or _____<br/>rt_dt _____<br/>od_rt _____<br/>up_itr _____</p>                            |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>   | <p>Reference No.<br/><b>893496</b></p>   |
| <p>705630</p>   | <p>Work Number _____<br/>Home Number _____</p>   |

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 **08/13/2001**

| VEHICLE INFORMATION  |   |   |  |  |
|--|---|---|--|--|
| Vehicle Ident. No. (VIN) (located at corner of windshield on driver's side)<br><b>4J3BJ6337R6956309</b>                    | Vehicle Make<br><b>SUBARU</b>   | Vehicle Model<br><b>LEGACY</b>  | Vehicle Year<br><b>1994</b>  | Current Odometer Reading<br><b>167,500</b>   |
| Purchase Date<br><b>12/10/99</b>   | Dealer's Name <b>Maine Auto</b><br>City <b>Hillsboro</b> State <b>NH</b> Zip Code <b>03244</b>  |   | Engine Size (CID/CC/L) <b>2.2L</b><br>No Cylinders <b>4</b>  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection   |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used  | Transmission Type<br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Antilock Brakes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input checked="" type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Drive Train<br><input type="checkbox"/> Front <input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4 Wheel |   | Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other |  | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

| FAILED COMPONENT(S)/PART(S) INFORMATION  |  |  |  |
|--|--|--|--|
| Component<br><b>02113000</b>   | Part Name(s)<br><b>SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:R</b> | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement   |
| No of Failures<br><b>24</b><br><i>coil springs, shocks, struts</i>                                 | Date(s) of Failure(s)<br><b>08/23/2001</b>                                 | Mileage at Failure(s)<br><b>150000</b>   | Vehicle Speed at Failure(s)<br>Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>used</i> |
| NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

**WHILE DRIVING UNDER WINTER WEATHER CONDITIONS VEHICLE WAS MAKING NOISES AND HANDLING IMPROPERLY. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT FRONT COIL SPRINGS WERE BROKEN. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*AK**

*Had been making strange noises for several months but no one noticed springs were broken. Shocks, ball joints, stabilizing links & bearings all needed replacement, probably due to extra wear from improper springs.*

CONTINUE ON BACK IF NEEDED

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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)

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