



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>

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Date Received

06-AUG-2001

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Reference No.

893498

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 windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 4F3BJ6337R6956309 | SUBARU | LEGACY | 1994 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | | |
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input 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 12130000 | Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS | 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) C1-JAN-2001 150000 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 0 | Number of Fatalities 0 | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|--------------------------|---|

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

SHOULDER BELT FOR THE DRIVER'S RESTRAINT BELT SYSTEM IS STUCK IN AN UNUSABLE POSITION AND WILL NOT MOVE ALONG THE TRACK. DEALERSHIP INFORMED CONSUMER HOW MUCH REPAIRS WOULD RUN, AND THE PROBLEM HAS NOT BEEN CORRECTED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

COPIES OF THIS FORM ARE:

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 Transportation National Highway Traffic Safety Administration | | DOT Auto Safety Hotline 1-888-327-4236 www.nhtsa.dot.gov/hotline | | Vehicle Owner's Questionnaire (VOQ) DATE REPORTED: 06 AUG 2003 DEFECT INVESTIGATION OFFICE | | OWNER INFORMATION (Type of Print) 705630 Home: [Redacted] Work 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: [Redacted] Date: 08/13/03 | |
| Vehicle ID# (VIN) (located at bottom of windshield on driver's side) 4#3BJ6J337R6956309 | | Vehicle Make: SUBARU | | Vehicle Model: LEGACY | | Vehicle Year: 1994 | | Current Odometer Reading: 164,500 | | Purchase Date: 10/10/99 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | |
| Dealer's Name: Home Auto City: Hillsboro State NH zip code 03044 | | Engine Size (CID/CCL): 2.0L No. Cylinders: 4 | | Fuel Injection: <input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas | | Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual | | Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver's Airbag <input type="checkbox"/> Passenger's Airbag | | Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> All-wheel | | Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | | Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other | | Antilock Brakes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Restraint System: <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | | Failed Part(s): <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Other | |
| Component: 12130000 | | Part Name(s): INTERIOR SYSTEMS-PASSIVE RESTRAINT-BELTS | | Location: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear | | Failed Part(s): <input type="checkbox"/> Original <input type="checkbox"/> Replacement | | No of Failures: 1 | | Date(s) of Failure(s): 10/10/99 Mileage at Failure(s): 150000 Vehicle Speed at Failure(s): | |
| Application Incident Information (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es) on the back of this form) | | Number of Persons Injured: 0 | | Number of Failures: 0 | | Estimated Property Damage: | | Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) SHOULDER BELT FOR THE DRIVER'S RESTRAINT BELT SYSTEM IS STUCK IN AN UNUSABLE POSITION AND WILL NOT MOVE ALONG THE TRACK. DEALERSHIP INFORMED CONSUMER HOW MUCH REPAIRS WOULD RUN, AND THE PROBLEM HAS NOT BEEN CORRECTED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK the cone which pulls the movable part is off the track or hanging like a noose beside my head. I have to track it every time I get in. It has failed. | | | | | | | | | | | |
| 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. | | | | | | | | | | | |

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