



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

30-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

895555

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) (Location at bottom of windshield and driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4S3BH665627601608	SUBARU	OUTBACK	2002	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Date(s) of Failure(s) 20-AUG-2001 400 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS IN PARK WITH ENGINE RUNNING, EMERGENCY BRAKE NOT ENGAGED. AND IT SUDDENLY WENT FORWARD, ACROSS A FIELD, INTO TREES/ FLIPPED OVER ON ITS SIDE. DAMAGE TO VEHICLE WAS \$3500.00 NO INJURIES.*AK

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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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758 Date Received <u>SEP 25 2001</u> REFERENCE NO. <u>30-AUG-2001</u> Date <u>9/15/01</u> Reference No. <u>893555</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] 712272			
Do you authorize NHTSA to conduct an investigation of this vehicle? In the absence of an authorized signature, this questionnaire is void. Signature of Owner _____ Date <u>9/15/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield or lower side) <u>4S3BH665627601608</u>		Vehicle Make <u>SUBARU</u> Vehicle Model <u>OUTBACK</u> Vehicle Year <u>2002</u> Current Odometer Reading _____	
Purchase Date <u>8-7-01</u> ☒ New ☐ Used		Dealer's Name <u>PETE'S CHRYSLER/SUB</u> City <u>PITTSFIELD</u> State <u>MA</u> Zip Code <u>01201</u> Engine Size (CID/CCIL) _____ No. Cylinders <u>6</u> ☐ Turbo Diesel Gas Fuel Injection	
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 Utility Truck ☐ Van ☐ Motorcycle ☐ Other		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>07301000</u> Part Name(s) <u>POWER TRAIN: TRANSMISSION: AUTOMATIC: INTERLOCK SYSTEM</u>		Location ☐ Left ☐ Right ☒ Front ☐ Rear	
No. of Failures <u>1</u> Date(s) of Failure(s) <u>20-AUG-2001</u> Mileage at Failure(s) <u>400</u> Vehicle Speed at Failure(s) _____		Failed Part(s) ☒ Yes ☐ No NHTSA Previously ☐ 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) VEHICLE WAS IN PARK WITH ENGINE RUNNING, EMERGENCY BRAKE NOT ENGAGED. AND IT SUDDENLY WENT FORWARD, ACROSS A FIELD, INTO TREES/ FLIPPED OVER ON ITS SIDE. DAMAGE TO VEHICLE WAS \$8500.00. NO INJURIES.*AK			

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

MANUFACTURER/TIRE NAME

SIZE

* 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)

I TURNED MY CAR AROUND IN THE DRIVEWAY FACING DOWN. IT WAS IN DARK, I STEPPED OUT LEAVING THE DOOR OPEN TO GET MY DOG. AND JUST THEN THE CAR WENT FORWARD DOWN MY DRIVEWAY OVER 2 LEAKED FIELDS & FLIPPED ONTO ITS SIDE IN THE TREES. I DID NOT LEAVE THE CAR'S SIDE, AND I ALSO FEEL THIS SHOULD BE INVESTIGATED

☆ U.S. G.P.O.: 1982 - 023-0571 60005

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

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