Form Approved: OMB No. 2127-0042

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 120

Date Received: **17-SEP-2001**

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: **896415**

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	SUBARU TRUCK	FORESTER	2001	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	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 Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06410000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
0	19-JUL-2001	5000 0	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

WHILE BACKING INTO DRIVEWAY ACCELERATOR GOT STUCK, CAUSING VEHICLE TO HIT RAILING, PUTTING A DENT IN IT. *AK

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0000

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 120

Date Received: 17-SEP-2001

Od_or ____ rt_dt ____ od_rt ____ up_ltr ____

Reference No. 896415

OWNER INFORMATION (Type or Print)

[redacted] 721

Work [redacted]
Home [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 0 /25/ 01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JF1SF63551H762508	SUBARU TRUCK	FORESTER	2001	6247

Purchase Date: 3/12/01 [ ] New [X] Used

Dealer's Name: MENDENHALL Auto Center, 8725 MALLARD St
City: Juneau State: AK Zip Code: 99801

Engine Size (CID/CC/L): 4cy
No Cylinders: 4cyl
[ ] Turbo [ ] Diesel [X] Gas [X] Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06410000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	[X] Left [X] Front [ ] Right [ ] Rear	[X] Original [ ] Replacement

No of Failures: 2

Date(s) of Failure(s): 19-JUL-2001, Also May, August
Mileage at Failure(s): 5000
Vehicle Speed at Failure(s): 0

Failed Part(s): [X] Yes [ ] No
NHTSA Previously: [ ] Yes [X] 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
[X] Yes [ ] No	[ ] Yes [X] No	0	0	$1,700	[ ] Yes [X] No

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

WHILE BACKING INTO DRIVEWAY ACCELERATOR GOT STUCK, CAUSING VEHICLE TO HIT, chevy parked, and RAILING, PUTTING A DENT IN IT. *AK

HAS stuck other times always/only IN reverse. Once while dropping daughter at School. WIFE WAS with me.

ONCE IN Angoon hit corner of my garage.

* THIS IS A BRAND NEW CAR.

CONTINUE ON BACK IF NEEDED