



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FDR AGENCY USE ONLY

| | |
|----------------------------------|---------------|
| Date Received 10-12-01 | Officer _____ |
| Reference No. | Officer _____ |
| | Officer _____ |

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) JTS1V951A2X2103402 | | VEHICLE MAKE Subaru | VEHICLE MODEL 1500 CC INTEGRA | MANUFACTURE DATE | MODEL YEAR 1999 |
| VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input checked="" type="checkbox"/> Other Subaru <input type="checkbox"/> Daewoo/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Isuzu <input type="checkbox"/> Toyota <input type="checkbox"/> VW | | | | | |
| PURCHASE DATE 06-19-99 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | DEALER'S NAME Cycle World | CITY Rosedale MD | STATE MD | ZIP CODE 21287 |
| ENGINE SIZE 1.6/100/110 | FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection | FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas | 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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2 Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt |
| NO. CYLINDERS | CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> 4 Wheel <input checked="" type="checkbox"/> Rear | | |
| VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input checked="" type="checkbox"/> Motorcycle | | DOORS <input type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door | BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input checked="" type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____ | NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). | |
| | INCIDENT DATE 7/2001 10/2001 | TIRE NAME | COMPLETE TIRE SIZE |
| | MILEAGE AT INCIDENT 5400 11000 | TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____ | |
| | VEHICLE SPEED AT INCIDENT N/A | FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | |
| HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

APPLICABLE 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 | NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | CAUSE OF INCIDENT <input checked="" type="checkbox"/> Wear/Corroded/Rust <input checked="" type="checkbox"/> Wear/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnected/Fell Off <input type="checkbox"/> Friction/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Loose/Straps/Grips <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Brakes | RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Roll-over <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration |
| | FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | | |

PLEASE DO NOT WRITE IN THIS AREA.



04805

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

BOTH FRONT AND REAR BELTS ARE NOT ADJUSTED, SO THAT THEY WOUND OUT - PREPARELY, LESS THAN 500 MILES OFF ROAD ON ROAD DASH C DASH SCORED. AND ONLY 1000 OFF ROAD. I "DO" DOWN SHIFTER AND MOSTLY HIGHWAY MILES BECAUSE ARE HARDLY PUT TO USE. OTHER "OWNERS" OF THIS MODEL 1500 INTERLUER LC HAVE THE "SAME" PROBLEM. I HAVE BEEN TOLD A DASH RECALL + "SHOULD" BE CALLED "NEED" THIS PROBLEM.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974 - Public Law 93-502: 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 responses or a certified summary thereof, may be used in support of the agency's action.

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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department of Transportation
National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use \$300

Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VQQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236
DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration

www.nhtsa.dot.gov/hotline