U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

FEB 17 2004

Don Bearden, Director
Government Affairs
Subaru of America, Inc.
Subaru Plaza
P.O. Box 6000
Cherry Hill, NJ 08034-6000

NVS-214LLo
EA03-024

Dear Mr. Bearden:

The Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has reviewed the information Subaru of America, Inc. (Subaru) submitted in response to ODI's July 9, 2003 Information Request issued as part of its Preliminary Evaluation PE03-029, as well as additional information presented to ODI by Subaru at a meeting on January 15, 2004, related to reduced braking and/or extended stops when attempting to slow down on bumps, gravel, ripples or other irregularities in the pavement on 2002, 2003 Subaru WRX vehicles. As a result of that review, this letter requests additional information from Subaru.

Since our previous Information Request, this office has become aware of an additional 50 reports from owners that allege ABS braking performance problems in 2002, 2003 Subaru WRX vehicles, and these reports are enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to this Information Request.

- **Subject vehicles:** all 2002, 2003 Subaru Impreza WRX vehicles manufactured for sale or lease in the United States.

- **Subaru:** Subaru of America, Inc., and all of its divisions, subsidiaries, and affiliated enterprises. The term also includes all headquarters, regional, zone, or other offices of Subaru of America, Inc., or any of its divisions, subsidiaries, and affiliated enterprises, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a

consultant) by or under the control of Subaru (including all business units and persons previously referred to), who are or, in or were involved in any way with any of the following related to the alleged defect in the subject vehicles:

a. Design, engineering, analysis, modification or production (e.g. quality control);
b. Testing, assessment or evaluation;
c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

- **Alleged defect-** for the purpose of this Information Request, the term alleged defect includes any or all of the following issues as they relate to the subject vehicles:
  a. all braking concerns linked to Antilock Brake (ABS) system malfunction,
  b. no braking ability or interrupted braking ability or brakes temporarily ineffective;
  c. brake pedal goes to floor; and
  d. any concern expressed by a driver or vehicle owner about braking when driving over a bump or bumps in the road, gravel, ripples, or other irregularities in the pavement.

- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Subaru, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to

production. In all cases where original and any non-identical copies are not available, "document(s)"also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Please repeat the applicable request verbatim above each response. After Subaru's response to each request, identify the source of the information, and indicate the last date the source updated the information prior to the preparation of the response. Insofar as Subaru has previously provided a document to ODI, Subaru may either produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

If Subaru cannot respond to any specific request or subparts thereof, please state the reason why it is unable to do so. If Subaru claims that any document or other information or material responsive to any of the following items need not be provided to NHTSA because it is privileged or the work product of an attorney, separately by request number, for each document or other information or material, state the nature of that information or material and identify any document in which it is found by date, subject or title, name and position of the person from, and the person to, whom it was sent, and the name and position of any other recipient. Subaru must also describe the basis for the claim, and explain why Subaru believes it applies.

Please repeat the applicable request verbatim above each response. After Subaru's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. Update your response to Request No. 2 of Preliminary Evaluation Information Request (PE03-029) dated July 9, 2003, by providing all information and producing copies of all documents received by Subaru or of which Subaru has otherwise become aware, that have not previously been submitted to ODI relating to any of the:

a. Consumer complaints
b. Field Reports, including dealer field reports;
c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
d. Property damage claims;
e. Third-party arbitration proceedings where Subaru is or was a party to the arbitration;
f. Lawsuits, both pending and closed, in which Subaru is or was a defendant or codefendant.

For subparts "a" through"d," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition for items "c" and "d," provide a summary description of the alleged problem and causal and contributing factors and Subaru's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "e" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

2. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
   a. Subaru's file number or other identifier used;
   b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
   c. Vehicle owner, address, and telephone number;
   d. Vehicle's VIN;
   e. Vehicle's make, model and model year;
   f. Vehicle's mileage at time of incident;
   g. Incident date;
   h. Report or claim date;
   i. Whether a crash is alleged;
   j. Whether property damage is alleged;
   k. Number of alleged injuries, if any; and
   l. Number of alleged fatalities, if any; and
   m. Summary description

   Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

3. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Subaru used for organizing the documents.

4. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Subaru to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

   Separately, for each such claim, state the following information:
   a. Subaru's claim number;
   b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
   c. VIN;
   d. Repair date;
   e. Vehicle mileage at time of repair;
   f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
   g. Labor operation number;
   h. Problem code;
   i. Replacement part number(s) and description(s);
   j. Concern stated by customer; and
   k. Comment, if any, by dealer/technician relating to claim and/or repair.

   Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

5. Describe in detail the search criteria used by Subaru to identify the claims identified in response to Request No. 4, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Subaru on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) related to the alleged defect that Subaru offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.

6. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Subaru has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that Subaru is planning to issue within the next 120 days.

7. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, Subaru. For each such action, provide the following information:
   a. Action title or identifier;
   b. The actual or planned start date;
   c. The actual or expected end date;
   d. Brief summary of the subject and objective of the action;
   e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
   f. A brief summary of the findings and/or conclusions resulting from the action.

   For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

8. Describe all modifications or changes made by, or on behalf of, Subaru in the design, material composition, manufacture, quality control, supply, or installation of the Anti Lock (ABS) system, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
   a. The date or approximate date on which the modification or change was incorporated into vehicle production;
   b. A detailed description of the modification or change;
   c. The reason(s) for the modification or change;
   d. The part numbers (service and engineering) of the original component(s) of the ABS system;
   e. The part number (service and engineering) of the modified component(s) of the ABS system;
   f. Whether the original unmodified component(s) was withdrawn from production and/or sale, and if so, when;
   g. When the modified component(s) was made available as a service component(s); and
   h. Whether the modified component(s) can be interchanged with earlier production components.

   In addition, we are requesting concise answers to the following questions regarding the ABS system of the subject vehicle:

9. How is reference speed calculated? Does the algorithm use information from all four wheels to calculate an "overall vehicle reference speed", and if so, how is it calculated? Or, does the algorithm calculate separate reference speed for each wheel, using only the information from that wheel?

10. How is the raw wheel speed signal processed? Is there an analog filter prior to signal processing by the algorithm? How does it calculate the sinusoidal wave period? Does it filter, smooth, or average the wheel speed information in software?

11. What is the internal update rate, or clock speed, of the ECU? For example, how often is the wheel-speed data examined, and how often can the commanded input/output valve control information be updated?

12. Since the main complaint of inappropriate ABS intervention seems to be on bumps, the behavior of the algorithm in this area is of interest. When the tire is in the air (between bumps) during braking, very high rates of wheel lockup can result. What rate of wheel deceleration makes the algorithm choose a more severe action? What depth and duration of wheel slip is necessary to drive the algorithm to create and maintain a sustained brake line pressure dump? What wheel speed recovery (to reference speed) rates cause the algorithm to continue cautious pressure rebuild rates?

13. How many accumulators (reservoirs) are present in the HU? Is there one accumulator for each circuit of the diagonally-split hydraulic system?

14. Is there more displaceable brake fluid volume in the master cylinder than capacity of the ABS HU accumulators if ALL outlet valves are open?

15. Please provide detailed internal ABS-ECU electrical diagrams and ABS-HU hydraulic diagrams.

This letter is being sent to Subaru pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Subaru's failure to respond promptly and fully to this letter could subject Subaru to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to $5,000 per day, with a maximum of $15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If Subaru cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Subaru does not submit one or more requested documents or items of information in response to this information request, Subaru must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other

recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Subaru's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by **April 6, 2004**. Please refer to **EA04-024** in Subaru's response to this letter. If Subaru finds that it is unable to provide all of the information requested within the time allotted, Subaru must request an extension from me at (202) 366-4933 no later than five business days before the response due date. If Subaru is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Subaru then has available, even if an extension has been granted.

If Subaru claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Subaru must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Subaru is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Luke Loy of my staff at (202) 366-3348.

Sincerely,

Kathleen C. DeMeter, Director
Office of Defects Investigation
Enforcement

Enclosure 1, one CD ROM titled Data Collection Disc containing two files
Enclosure 2, 50 VOQ's (listed below)

[redacted]

- 10028369
- 10028374
- 10028384
- 10028389
- 10028489
- 10028638
- 10028663
- 10029298
- 10030232
- 10030250
- 10030252
- 10030329
- 10030511
- 10030517
- 10030807
- 10032724
- 10033096
- 10037439
- 10037498
- 10043535
- 10043540
- 10043600
- 10043735
- 10043811
- 10046805
- 10046840
- 10047028
- 10047166
- 10047292
- 10054541
- 10054976
- 10028830
- 10028948
- 10030915
- 10031054
- 10033514
- 10036626
- 10038928
- 10039032
- 10041055
- 10048945
- 10050722
- 10051505
- 10052322

- 10054435
- 10054609
- 10054622
- 10054743
- 10054784
- 10056344

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
16-JUL-2003	Reference No. 10028369

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address:
City

Daytime Telephone Number | E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29662G512514	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
07-SEP-01	LIBERTY SUBARU			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City ORADEL	State NJ	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	046000 SERVICE BRAKES, AIR:ANTILOCK Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-JUL-2003	25000	15	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

OVER ROUGH SURFACES (POTHOLES IN PAVEMENT, ROUGH PAVEMENT, RAILROAD CROSSINGS, UNEVEN PAVEMENT) THE ABS WILL KICK ON AT A LOW SPEED AND IT SEEMS, IF ONLY FOR A FEW MOMENTS, THAT THE CAR IS NOT BRAKING. THIS HAPPENS REGULARLY AND I NEED TO DRIVE THE VEHICLE IN SUCH A WAY AS TO AVOID BRAKING ON THESE TYPES OF ROADS BY BRAKING EARLY AND ROLLING THROUGH THE ROUGH AREAS WITHOUT THE BRAKE PEDAL DEPRESSED.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
16-JUL-2003	Reference No. 10028374

OWNER INFORMATION (Type or Print)

Daytime Telephone Number	E-mail Address

Name [redacted]
Addr [redacted]
City [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
24-SEP-02	BOB DUNN SUBARU			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City GREENSBORO	State NC	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
05-NOV-2002	3000	30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

WHEN BRAKING OVER ROUGH SURFACES ON DRY PAVEMENT THE VEHICLE ENGAGED THE ANTI-LOCK BRAKING SYSTEM CAUSING SUDDEN LOSS OF BRAKING THAT WAS NOT RESTORED UNTIL THE BRAKE PEDAL WAS RELEASED AND RE-APPLIED. THIS HAPPENED WITHOUT A LARGE AMOUNT OF BRAKING FORCE BEING CALLED FOR.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
16-JUL-2003	Reference No. 10028384

OWNER INFORMATION (Type or Print)

Daytime Telephone Number	E-mail Address

Na[redacted]
Add[redacted]
City[redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-OCT-01	BEARDMORE SUBARU			No. Cylinders: 4	Gas
Original Owner ☒	Dealer's City BELLEVUE	State NE	Zip Code		

Transmission Type			Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	Powertrain ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-MAY-2003	15000	10	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHEN BRAKING ON UNEVEN SURFACES, BRAKES WILL MOMENTARILY STOP WORKING.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
16-JUL-2003	Reference No. 10028389

OWNER INFORMATION (Type or Print)

Name [redacted]
Addr
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29652G813301	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-OCT-02				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	035000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-JUN-2003	22		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if said part is available).

I WOULD LIKE TO ADD TO YOUR REVIEW OF THE ABS ISSUES WITH THESE CARS. IT IS A KNOWN PROBLEM AMONG ALL WRX OWNERS THAT THE ABS SYSTEM IS FAULTY. I HAVE BEEN IN SEVERAL INSTANCES WHERE I WAS TRYING TO STOP AND WOULD HIT A POTHOLE AND THE ABS BECAME OVERACTIVE AND I ACTUALLY WENT PARTLY THROUGH THE LIGHT. IT ONLY TAKES A SMALL BUMP TO DRASTICALLY HAMPER THE BRAKING PERFORMANCE. THE MOST RECENT OCCURANCE WAS JUST LAST MONTH.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
17-JUL-2003	Reference No. 10028489

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD296X2G502777	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10-FEB-01	SHORTLINE SUBARU 3033642200			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City AURORA	State CO	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-APR-2003	100	30	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMA19ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

WHENEVER I BRAKE OVER UNEVEN (JIGGLY) TERRAIN, THE ABS ON MY 2002 WRX "KICKS IN" AND BRAKING IS REDUCED AND BRAKING DISTANCE IS LENGTHENED. NO OTHER CAR THAT I HAVE OWNED WITH ABS OVER THE PAST 15 YEARS HAS HAD THIS PROBLEM. NO ACCIDENTS OR INJURIES, BUT NUMEROUS SCARY MOMENTS WHEN BRAKING WAS DIMINISHED WHILE GOING OVER BUMPS.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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Vehicle Owner's Questionnaire

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1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
20-JUL-2003	Reference No. 10028638

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City [redacted]

Daytime Telephone Number | E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
28-APR-01				No: Cylinders	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
			Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-MAY-2001			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es) and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

MY 2002 SUPRA IMPREZA WRX SEDAN HAS PRODUCED INCONSISTENT AND UNSAFE BRAKE OPERATION OVER ROUGH/WASHBOARD TYPE ROADS. ON A NUMBER OF OCCASIONS WHILE BRAKING IN A ROUGH ROAD SURFACE MY BRAKE PEDAL WENT TO THE FLOOR AND MY CAR KEPT GOING. UPON ENCOUNTERING ROUGH ROAD AND THE RESULTING ACTIONS BY THE BREAK SYSTEM I HAVE EXPERIENCED INCREASED STOPPING DISTANCE. I SENT AN E-MAIL TO SUBARU OF AMERICA AND THE THE RESPONSE WAS TO THE EFFECT THAT THEY WERE UNAWARE OF ANY SUCH PROBLEM. I HAD THE DEALER INSPECT MY BREAK SYSTEM AND I WAS TOLD THEY WERE UNABLE TO DUPLICATE PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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Vehicle Owner's Questionnaire

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(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 10014B

Date Received	Repository ☐
20-JUL-2003	Reference No. 10028663

OWNER INFORMATION (Type or Print)

Name [redacted]

Addr [redacted]

City [redacted]

Daytime Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
03-MAY-02				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-JUL-2003		25	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHEN I AM BRAKING ON AN UNEVEN SURFACE, SUCH AS A POTHOLE, OR SOMETIMES ON GRAVEL, THE ABS WILL BE TRIGGERED, CAUSING A LOSS OF BRAKING PRESSURE WHICH CAUSES THE BRAKING DISTANCE TO BE EXTENDED CONSIDERABLY. I HAVE NOT GOTTEN INTO AN ACCIDENT AS A RESULT OF THIS, YET, BUT I AM WORRIED AS I CAN'T BE MONITORING PAVEMENT CONDITIONS EVERYTIME I APPLY MY BRAKES.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
27-JUL-2003	Reference No. 10029298

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address [redacted]		
City		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29672G505071	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
17-MAY-01				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	033000 SERVICE BRAKES, HYDRAULIC:POWER ASSIST Multiple Failure: 50

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
23-JUL-2003	5000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSIABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

LOSS OF BRAKE POWER ON UNEVEN TERRAIN. WHEN ROAD IS NOT SMOOTH, BRAKES SEEM TO LOSE POWER AND CAR DOES NOT SLOW. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
28-JUL-2003	Reference No. 10030232

OWNER INFORMATION (Type or Print)

Nam [redacted]
Add
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29672G836997	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	HUFFINES SUBARU 972-221-8686			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City LEWISVILLE	State TX	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	046000 SERVICE BRAKES, AIR:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
17-JUL-2003	6500	10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies))

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

MY MODEL YEAR 2002 SUBARU IMPREZA WRX WAGON HAS HAD A SLIGHT REOCCURING PROBLEM WITH WHAT SEEMS TO BE A FAULTY ABS BRAKING SENSOR. *AK

THE CAR SUFFERS FROM A DROP IN PRESSURE OF BRAKE PEDAL FEEL AND BRAKE PERFORMANCE OVER UNEVEN OR BUMPY ROADS. WHEN BRAKING UNDER NORMAL DRIVING CONDITIONS IF A BUMPY OR UNEVEN SURFACE IS ENCOUNTERED WHILE BRAKING THE ABS KICKS IN AND THERE IS A LOSS IN CONTROL VIA THE BRAKE PEDAL OF THE BRAKING FORCE.

THIS CONDITION HAPPENS EVERY TIME THE CONDITIONS ARE PRESENT AS DESCRIBED, AND CAN BE QUITE DISCONCERTING. IT IS OBVIOUS THAT UNDER PANIC SITUATIONS, COUPLED WITH LESS THAN IDEAL ROAD SURFACES, THIS CONDITION COULD PROVE VERY DANGEROUS, AS THE BRAKING DISTANCE OF THE CAR INCREASES DRAMATICALLY DURING THIS ACTION.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
28-JUL-2003	Reference No. 10030252

OWNER INFORMATION (Type or Print)

Name [redacted]
Address
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD296X2G525430	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
20-APR-02	FRED BEANS SUBARU			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City DOYLESTOWN	State PA	Zip Code 18901		

Transmission Type			Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	Powertrain 4 WHEEL DRIVE	046000 SERVICE BRAKES, AIR:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-JUN-2002	2000	35	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ABS KICKS IN AND DOES NOT RETURN TO NORMAL BRAKING EVEN AFTER REGAINING CONTACT WITH THE ROAD. ATTEMPTED TO REPLICATE THE PROBLEM ON MY OWN BUT COULD NEVER DO SO CONSISTENTLY. SEEMS TO HAPPEN OVER BUMPY ROADS, THE ABS KICKS IN, WHEEL(S) APPEAR TO LOSE TRACTION, BUT WHEN TRACTION SHOULD BE REGAINED, THE BRAKE PEDAL PRACTICALLY GOES TO THE FLOOR, THE CAR DOES NOT SLOW DOWN AT AN ACCEPTABLE RATE, AND ONLY AFTER "PUMPING" THE BRAKE PEDAL DOES THE CAR THEN GO BACK TO NORMAL (HARD) ABS BRAKING. WHILE IT HAS NEVER CAUSED AN ACCIDENT, I AM CONCERNED ABOUT THIS BEHAVIOR WERE IT TO EVER HAPPEN IN A PANIC SITUAITON.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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Vehicle Owner's Questionnaire

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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received: 29-JUL-2003	Repository ☐
	Reference No. 10030329

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: [redacted]
Telephone Number: [redacted]
E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAY-02	SUBURBAN SUBARU			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City VERNON	State CT	Zip Code		

Transmission Type			Vehicle Component Code
MANUAL	☐ Antilock Brakes ☒ Cruise Control	Powertrain: ALL WHEEL DRIVE	046000 SERVICE BRAKES, AIR:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-MAR-2003	20000	40	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

BUMPY ROADS CAUSE ANTI-LOCK BRAKES TO ENGAGE. WHEN THIS HAPPENS, BRAKE PRESSURE DECREASES AND VEHICLE DOES NOT DECELLERATE.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
28-JUL-2003	Reference No. 10030250

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]		
Address		
City		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29613G502961	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
26-MAR-03	ED VOYLES SUBARU			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City SMYRNA	State GA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 10

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-MAY-2003	2500	15	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

2003 SUBARU WRX SEDAN - WHEN STOPPING ON SLIGHTLY BUMPY SURFACES THE ABS BRAKE SYSTEM BECOMES INEFFECTIVE. THE DRIVER MUST LET OFF THE BRAKES AND REAPPLY IN ORDER TO GET ANY EFFECTIVE BRAKING. THIS IS DANGEROUS. I CAN REPEAT IT AT KNOWN PLACES ON MY DRIVE TO WORK EVERYDAY. I COMPENSATE. IF I HAD KNOWN I WOULD NOT HAVE BOUGHT THE CAR. THIS NEEDS TO BE "FIXED."AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received: 31-JUL-2003	Repository ☐
	Reference No.: 10030517

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address:
City:

Daytime Telephone Number: E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29672H816694	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
17-NOV-01				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
06-MAY-2002	12350	25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

WHEN BRAKING ON UNEVEN OR ROUGH SURFACES, THE ABS BRAKES FAIL AND THE BRAKE PEDAL GOES TO THE FLOOR. I HAVE TO GET OFF ABS AND GET BACK ON QUICKLY; THIS IS THE OPPOSITE OF THE PROPER WAY TO USE ABS BRAKES. *PH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
05-AUG-2003	Reference No. 10030807

OWNER INFORMATION (Type or Print)

Name	[redacted]
Addre	
City	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make: SUBARU	Model: WRX	Model Year: 2002
Date Purchased: 07-AUG-02	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type: Gas
Original Owner ☒	Dealer's City / State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
05-AUG-2003	1	10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ABS BRAKES MALFUNCTIONED GOING OVER RAIL ROAD TRACKS AND/OR THE OCCASIONAL METAL EXPANSION JOINT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
13-AUG-2003	Reference No. 10032724

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JUN-02				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☐ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-AUG-2003	31150	35	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

THE BRAKES ON MY 2002 SUBARU WRX FADED, AND MY FOOT WENT TO THE FLOOR, AND THEN THE BRAKES AFTER 3 TO 5 SECONDS KICKED IN.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
19-AUG-2003	Reference No. 10033096

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29623G501396	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
				No: Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-AUG-2003	2554	35	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMA1SABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

COMING AROUND CORNER ON A HILL DRIVER WAS IN MIDDLE OF ROAD AVOIDING POTHOLE I SWERVED AND BRAKED THEN SWERVED BACK. WHEN I SWERVED BACK MY BRAKE PEDAL HIT THE FLOOR AND I PROCEEDED TO DRIVE ONTO SOMEONES FRONT LAWN. THE ABS SHOULDNT HAVE DONE THAT.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
31-JUL-2003	Reference No. 10030511

OWNER INFORMATION (Type or Print)

Name [redacted]
Addr
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
25-JUN-02	PREMIER SUBARU 203-481-0687			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City BRANFORD	State CT	Zip Code 06405		

Transmission Type			Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	Powertrain ALL WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-MAY-2003		10	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHALSA5C036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

2002 SUBARU IMPREZA WRX LOSS OF BRAKE POWER DURING BRAKING APPLICATION AS THE VEHICLE TRAVELS OVER DRY AND UNEVEN OR BUMPY ROAD SURFACES... MUST DISENGAGE FROM THE BRAKE APPLICATION AND REAPPLY THE BRAKES TO BEGIN SLOWING DOWN THE VEHICLE.. REPEATABLE OCCURRENCES. *PH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received: 08-SEP-2003	Repository ☐
	Reference No.: 10037439

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Addr [redacted]		
City		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29672G830309	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
20-AUG-02	BIG VALLEY DODGE			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City: VAN NUYS	State: CA	Zip Code:		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
05-APR-2003	6300	35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code:		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

SUBARU WRX ANTILOCK BRAKING SYSTEM PERIODICALLY AND UNPREDICTABLY INHIBITS STOPPING POWER. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
09-SEP-2003	Reference No. 10037498

OWNER INFORMATION (Type or Print)

Name [redacted]
Addr
City

Daytime Telephone Number | E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29622G511196	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
08-MAR-03				No. Cylinders 4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Anti-lock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: S

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
10-MAR-2003	13000	40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

HYDRAULIC ANTI-LOCK BRAKES CAUSE BRAKES TO FAIL WHILE TRAVERSING BUMPY SURFACE.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
24-OCT-2003	Reference No. 10043535

OWNER INFORMATION (Type or Print)

Name [redacted]
Address
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29663G811168	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04-MAY-03				No: Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-OCT-2003	11000	35	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation Systems:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

EARLY ABS ACTIVATION ON ROUGH OR UNEVEN SURFACES (MAN HOLE COVERS, ETC.) AND FOLLOWING THIS A HUGE LOSS OF BRAKING FORCE. ALMOST LIKE THE BRAKES COMPLETELY FAILED UNTIL THE PEDAL IS RELEASED AN REAPPLIED WHICH CAN TAKE SEVERAL SECONDS. THIS IS NOT GOOD WHEN THE CAR IN FRONT OF ME JUST STOPPED. *IA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
24-OCT-2003	Reference No. 10043540

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Addr		
City		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAR-03	GILLMAN ? ?			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City HOUSTON	State TX	Zip Code ?		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
01-APR-2003	2	20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

OVERLY SENSITIVE ABS AND PROLONG ABS INTERVENTION. LOSS OF STOPPING POWER. SMALL BUMPS IN ROAD CAUSING ABS TO ACTIVATE AND STAY PULSING TOO LONG. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
28-OCT-2003	Reference No. 10043735

OWNER INFORMATION (Type or Print)

Name [redacted]
Address
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1F1GD29692G509140	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
30-JUL-01				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-JAN-2003	32000	10	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABCD36)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

2002 SUBARU WRX ABS FAILURE. WHEN DECELLERATING ON BUMPY SURFACES, THE ABS ON MY 2002 WRX WILL ENGAGE, SIGNIFICANTLY INCREASING STOPPING DISTANCE. N EXTREMELY SLICK SURFACES, LIKE SLUSH, THE ABS WILL ACTIVATE AND DISENGAGE THE BRAKES COMPLETELY, RESULTING IN NO STOPPING AT ALL. IN JANUARY OF 2003, MY CAR ROLLED THROUGH A RED LIGHT AT A BUSY INTERSECTION BECAUSE THE BRAKES FAILED TO WORK. THE WHEELS WERE NOT LOCKED OR SLIDING, THE ABS ENGAGED AND FAILED TO STOP THE CAR. I WAS ABLE TO STOP THE VEHICLE WITH THE EMERGENCY BRAKE, BUT I WAS ALREADY WELL INTO THE INTERSECTION. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
26-OCT-2003	Reference No. 10043600

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City [redacted]
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29632G522000	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	PAUL BROTHERS OF VIRGINIA 7034376000			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City HERNDON	State VA	Zip Code 22070		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-MAR-2002	1	55	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ABS ENGAGES WHEN BRAKING ON SURFACES WITH GOOD TRACTION IF TIRE(S) GOES OVER A BUMP FOR A BRIEF MOMENT. DOES NOT DISENGAGE WHEN TIRE RETURNS TO GOOD TRACTION SURFACE. CAUSES LOSS OF BRAKING POWER. BRAKE PEDAL MUST BE RELEASED THEN REAPPLIED IN ORDER TO REGAIN BRAKING POWER.
ABS IS COMPLETELY INEFFECTIVE ON LOOSE SURFACES, SUCH AS GRAVEL *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
28-OCT-2003	Reference No. 10043811

OWNER INFORMATION (Type or Print)

Name [redacted]
Addr
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD296X2G530773	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11-SEP-02	RUSSEL SUBARU			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City BALTIMORE	State MD	Zip Code		

Transmission Type			Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	Powertrain ALL WHEEL DRIVE	036000:SERVICE BRAKES, HYDRAULIC:ANTILOCK
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-OCT-2003	21500	35	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHAL9ABC136)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ANTILOCK BRAKE FAILURE CAUSED ACCIDENT. A VECHICLE IN FRONT OF ME STOPPED QUICKLY SO I APPLIED THE BRAKES WITH MODERATE TO HEAVY PRESSURE. ALTHOUGH I WAS GOING ONLY 30-35 MPH AND HAD SEVERAL CAR LENGTHS TO STOP, THE BRAKES LOCKED AND THE PEDAL WENT SOFT AND I WAS UNABLE TO CONTROL THE CAR CAUSING ME TO REAR-END THE VECHICLE IN FRONT OF ME. I HAVE HAD SIMILAR INCIDENTS IN THE PAST WITH THE WRX WHERE THE ABS WOULD TRIGGER WHEN GOING OVER A BUMP WITH MODERATE BRAKE PRESSURE AND THE PEDAL WOULD GO SOFT (RATHER THAN THE KICKBACK I EXPECT WITH ABS), BUT IT WAS NEVER IN A SITUATION THAT WOULD CAUSE AN ACCIDENT.

THE ACCIDENT OCCURED ON DRY PAVEMENT, AT THE POSTED SPEED LIMIT, AND I DO NOT RECALL WHETHER I HIT A BUMP DURING THE INCIDENT TRIGGERING THE BRAKE PROBLEM. GIVEN THE DISTANCE AND THE SPEED, I SHOULD HAVE BEEN ABLE TO STOP WELL BEFORE HITTING THE CAR IN FRONT OF ME.

IN MY PAST EXPERIENCE WITH ABS BRAKES ON OTHER CARS, THERE IS STRONG FEEDBACK TO THE DRIVER DURING ABS OPERATION, NOT THE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
12-NOV-2003	Reference No. 10046805

OWNER INFORMATION (Type or Print)

Na
Ad
Cit

[redacted]

Daytime Telephone Number | E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	MORRIE'S SUBARU			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City MINNETONKA	State MN	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-SEP-2003		20	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMA1BABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if said part is available).

SUBARU IMPREZA WRX SEDAN, 2003. ANTI-LOCK BRAKE ACTIVATION UNDER MINIMAL LIFT CONDITIONS (SUCH AS GOING OVER MINOR BUMPS IN ROADS, PARKING RAMPS, ETC.) HAVE HAD SEVERAL EPISODES OF ANTI-LOCK ACTIVATION LEADING TO LOSS OF BRAKING FORCE AND EXTENDED BRAKING DISTANCES. PROBLEM RESOLVED WITH REMOVAL OF ABS FUSE, BUT THEN I HAVE NO ABS EVER. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
13-NOV-2003	Reference No. 10046840

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address [redacted]		
City [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-APR-03				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☐ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-OCT-2003	14000	25	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THIS PROBLEM HAS OCCURRED 3 TIMES TO DATE.
THIS IS THE TYPICAL SITUATION:
I WAS DRIVING AT A LOW RATE OF SPEED, AROUND 25, COMING UP TO A STOP SIGN. A SECOND OR SO AFTER I APPLIED THE BRAKES I WENT OVER SOME SMALL BUMPS ON DRY PAVEMENT AND IT FELT LIKE ABS WAS COMING ON, THE PEDAL DROPPED, BUT THEN IT WENT WAY DOWN AND IT WASN'T PULSING. NO MATTER HOW HARD I PRESSED, IT DIDN'T SEEM TO HELP. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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Vehicle Owner's Questionnaire

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
19-NOV-2003	Reference No. 10047166

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
16-AUG-02	MAPLE HILL SUBARU			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City KALAMAZOO	State MI	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11-NOV-2003	10000	20	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ABS SYSTEM WILL ENGAGE OVER ROUGH ROADS, BUMPS, RAILROAD TRACKS, MANHOLE COVERS OR ANY UNEVEN ROAD SITUATION EVEN WHEN ABS IS NOT NEEDED. THE SYSTEM THEN TAKES SEVERAL SECONDS TO RECOVER AND ALLOW NORMAL BRAKING. THIS RESULTS IN GREATLY INCREASED STOPPING DISTANCES AND DRIVER UNEASINESS. GENERALLY, HAPPENS AT LOW SPEEDS (LESS THAN 40 MPH) WHEN APPROACHING A STOP SIGN, TRAFFIC SIGNAL, OR STOPPED TRAFFIC. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received: 21-NOV-2003	Repository ☐
	Reference No.: 10047292

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address:
City:

Daytime Telephone Number:
E-mail Address:
Number:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make: SUBARU	Model: WRX	Model Year: 2002
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type: Gas
Original Owner ☒	Dealer's City / State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-NOV-2003			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE ABS ON MY 2002 SUBARU WRX WAGON ENGAGES IN SITUATIONS WHEN IT SEEMS THAT IT SHOULD NOT ENGAGE. IT FEELS LIKE THERE ARE NO BRAKES SOMETIMES. *IA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
27-JAN-2004	Reference No. 10054976

OWNER INFORMATION (Type or Print)

Name [redacted]
Address
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
06-SEP-01	JACK MILLER SUBARU 913.780.0400			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City OLATHE	State KS	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
14-NOV-2003	29000	25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMA1SABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

I OWN A 2002 SUBARU IMPREZA WRX WAGON, WHICH COMES STANDARD WITH ABS BRAKES. I'D HEARD THROUGH A VARIETY OF CHANNELS THAT THERE WAS AN ABS ISSUE WITH THE CAR, IN THAT UNDER SPECIFIC CIRCUMSTANCES THE DRIVER COULD MOMENTARILY LOSE ALL BRAKING ABILITY. I HAD MY DOUBTS, HAVING OWNED THE CAR FOR 2 YEARS BEFORE MY INCIDENT OCCURRED, BUT IT DID FINALLY HAPPEN TO ME.
I WAS COMING TO A STOP AT A LIGHT THAT HAD TURNED RED. THERE WERE NO CARS IN FRONT OF ME. I WAS TRAVELING ABOUT 35-40 MPH AND BEGAN BRAKING WITH A LIGHT-MODERATE PEDAL PRESSURE. ABOUT 200 FEET BEFORE THE INTERSECTION, THERE IS A SEAM IN THE PAVEMENT AND THE LATTER PIECE OF ROADWAY IS ABOUT 1-2 INCHES BELOW THE PART BEFORE IT. IN OTHER WORDS, IT'S A VERY SMALL DROP OFF. UPON HITTING THIS DROP OFF AND MAINTAINING PEDAL PRESSURE, THE ABS BRIEFLY CYCLED (FELT AS A VIBRATION IN THE BRAKE PEDAL) AND THEN THE CAR STOPPED DECELERATING FOR ABOUT 2 SECONDS. IT WAS AS IF I'D LIFTED COMPLETELY OFF THE BRAKE PEDAL, YET I HAD NOT. ONCE I REALIZED I WASN'T GOING TO STOP, I RELEASED THE PEDAL AND REAPPLIED IT VERY QUICKLY. BRAKING FORCE WAS RETURNED, AS IF THERE WERE NO PROBLEM. THIS IS THE ONLY TIME I'VE EXPERIENCED THE INCIDENT.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
22-JUL-2003	Reference No. 10028830

OWNER INFORMATION (Type or Print)

Name [redacted]
Address
City

Daytime Telephone Number | E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29692G812037	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
22-AUG-01	SUBARU OF MANCHESTER 603.668.2411			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City MANCHESTER	State NH	Zip Code 03102		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	046000 SERVICE BRAKES, AIR:ANTILOCK Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-JUL-2003			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I OWN A 2002 SUBARU WRX AND WANTED TO ADD TO THE LIST OF ABS COMPLAINTS. I HAVE HAD SEVERAL INSTANCES THAT WHEN THE BRAKES ARE APPLIED AT THE SAME TIME A BUMP IS HIT THE BRAKES FAIL TO RESPOND REGARDLESS OF SPEED. I ALMOST HIT A PEDESTRIAN IN A SIDEWALK ONCE TRAVELING 20 MPH WHERE I JUST HAPPENED TO HIT A BUMP AT THE SAME TIME I TRIED TO STOP. I HAD TO LET GO OF THE BRAKES AND REAPPLY TO GET THEM TO WORK. THIS HAS HAPPENED ON SEVERAL OCCASIONS, THE EXACT DATES ARE UNKNOWN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
23-JUL-2003	Reference No. 10028948

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City		

[redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
19-OCT-01				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	046000 SERVICE BRAKES, AIR:ANTILOCK Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-JUL-2003	57000	20	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSIABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ON MULTIPLE OCCASIONS I HAVE HAD THE PROBLEM WHERE THE ABS SYSTEM ON MY 2002 SUBARU WRX ACTS IN AN UNPREDICATABLE MANNER. THE PROBLEM OCCURS WHEN BRAKING ON A UNEVEN SURFACE. BASICALLY IT FEELS LIKE THE ABS ENGAGES TO PREVENT WHEEL LOCK-UP GOING OVER THE BUMPS, YET PEDAL PRESSURE DECREASES AND THE STOPPING DISTANCE INCREASES. LUCKILY I AM FROM THE TIME BEFORE ABS AND MY INSTICT WHEN THE BRAKES ARENT REACTING PROPERLY IS TO RELEASE AND THEN REAPPLY THE BRAKES. WITHOUT THIS INSTINCT I WOULD HAVE LIKELY BEEN INVOLVED IN AN ACCIDENT BY NOW. I BELIEVE THERE IS A FLAW IN THE ABS ON THIS VEHICLE BECAUSE I HAVE NEVER HAD THIS TYPE OF EXPERIENCE ON ANY OTHER ABS EQUIPPED VEHICLES I HAVE DRIVEN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
06-AUG-2003	Reference No. 10030915

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address:
City:

Daytime Telephone Number: E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29682G819321	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
14-JAN-02				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036100 SERVICE BRAKES, HYDRAULIC:ANTILOCK:CONTROL UNIT/M Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-AUG-2003	2000	20	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Condition(s), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ABS ACTIVATES ON BUMPY ROADS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
08-AUG-2003	Reference No. 10031054

OWNER INFORMATION (Type or Print)

Name [redacted]
Addre
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29602G500973	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
13-MAR-01	CAPITALAND MOTORS 5183999999			Noc Cylinders 4	Gas
Original Owner ☒	Dealer's City GLENVILLE	State NY	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036100 SERVICE BRAKES, HYDRAULIC:ANTILOCK:CONTROL UNIT/M Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
13-MAR-2001	2000	45	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMA19ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

MY 2002 SUBARU WRX HAS A DEFECTIVE ABS SYSTEM. WHEN BRAKING MODERATE TO HARD AND THE CAR HITS A BUMP, THE ABS "KICKS IN" AND REDUCES BRAKE PRESSURE, BUT AFTER THE ROAD HAS SETTLED THE BRAKE PRESSURE DOESN'T RETURN. YOU CAN PRESS THE BRAKE PEDAL TO THE FLOOR BUT BRAKE PRESSURE DOESN'T INCREASE. ONLY IF YOU LIFT YOUR FOOT COMPLETELY OFF THE BRAKE PEDAL AND THEN REAPPLY, DOES BRAKING POWER RETURN. THIS IS DANGEROUS AND COULD CAUSE AN ACCIDENT IF YOU HAVE TO PANIC STOP AND THERE IS AN IMPERFECTION IN THE ROAD. MY CAR HAS DONE THIS SINCE I TOOK DELIVERY MARCH 13TH, 2001

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
26-AUG-2003	Reference No. 10033514

OWNER INFORMATION (Type or Print)

Name [redacted]
Addr
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29623G502130	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
26-AUG-02	PINEBELT 732-901-3600			No. Cylinders 4	Gas
Original Owner ☐	Dealer's City LAKEWOOD	State NJ	Zip Code 08701		

Transmission Type			Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	Powertrain ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
25-JUN-2003	14000	35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9A8C036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ABS FAILED. DRIVING ON ROAD, GOT CUT OFF, STEPPED ON BRAKE PEDAL. PEDAL DROPPED TO FLOOR, CALIPERS SEEMED TO RELEASE AFTER A SECOND CAUSING NO LOSS IN SPEED. REAR ENDED DRIVER IN FRONT OF ME. STOPPING DISTANCE MORE THAN DOUBLED. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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DOT Auto Safety Hotline

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
26-AUG-2003	Reference No. 10036626

OWNER INFORMATION (Type or Print)

Name [redacted]
Addr
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29613G801129	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
29-SEP-02	PREMIER MOTORCAR 505 471-7007			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City SANTA FE	State NM	Zip Code 87505		

Transmission Type			Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	Powertrain ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
14-JAN-2003	22000	30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

SUBARU WRX WAGON, 2003. WHILE ATTEMPTING TO SLOW FOR A CORNER ON A WELL GROOMED, DRY, GRAVEL ROAD THE ABS SYSTEM OF THE CAR INITIATED A MODE THAT WOULD NOT ALLOW THE CARS BRAKES TO FUNCTION AT ALL. DURING THE EPISODE (WHICH HAS BEEN AND CAN BE RECREATED) PEDAL PRESSURE AND PEDAL HEIGHT WAS MAINTAINED AS DURING NORMAL BRAKING OPERATIONS. THE BRAKES WOULD NOT WORK DESPITE THE FACT THAT I WAS STANDING WITH BOTH FEET ON THE BRAKE PEDAL. I AM IN THE PROCESS OF DISCONNECTING MY ABS AND SUBARU NA CLAIMS THAT I'M NUTS. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100146	
Date Received	Repository ☐
15-SEP-2003	Reference No. 10038928

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29612G525350	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
21-MAR-02				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-AUG-2002	20000	20	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ABS FAILED TO RESUME BRAKING AFTER BEING ACTIVATED BY BUMPS IN ROAD ON CLEAN, DRY ASPHALT.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
17-SEP-2003	Reference No. 10039032

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]		

Address [redacted]

City [redacted]

Do you [redacted] ☐ YES ☐ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29682G814457	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
08-NOV-01	BILL FRANK SUBARU			No. Cylinders 4	Other
Original Owner [X]	Dealer's City SOUTH BEND	State IN	Zip Code		

Transmission Type			Vehicle Component Code
MANUAL	[X] Antilock Brakes [X] Cruise Control	Powertrain: ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 40

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-SEP-2002	12500	20	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes [X] No	☐ Yes [X] No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

I WAS DRIVING ALONG IN MY 2002 SUBARU WRX WAGON ON SOME LOCAL ROADS AND I WAS COMING UP TO A STOP ON SOME ROUGH PAVEMENT , GIVING MYSELF PLENTY OF ROOM TO STOP WHEN THE ABS KICKED IN AND THEN MY PEDAL DROPPED TO THE FLOOR AND THE CAR WASN'T STOPPING. IT FINALLY BOUNCED A FEW TIMES AND THE CAR CAME TO A STOP- FAR BEYOND WHERE IT WAS SUPPOSED TO HAVE. I HAVE ENCOUNTERED THIS ISSUE MANY TIMES AND I FEEL, AS OTHERS DO, THE ABS ON THIS MODEL VEHICLE IS SIMPLY AN ACCIDENT WAITING TO HAPPEN- AND MANY HAVE BEEN INVOLVED IN SUCH AS A RESULT. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
01-OCT-2003	Reference No. 10041055

OWNER INFORMATION (Type or Print)

Name [redacted]
Addr
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29662GE13050	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
20-AUG-01				No: Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-SEP-2003	30000	25	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

MANY INCIDENTS.

I WAS DRIVING AT A LOW RATE OF SPEED, AROUND 25, COMING UP TO A STOP SIGN AND THERE WAS A CAR AHEAD OF ME. A SECOND OR SO AFTER I APPLIED THE BRAKES I WENT OVER SOME SMALL BUMPS ON DRY PAVEMENT AND IT FELT LIKE ABS WAS COMING ON, THE PEDAL DROPPED, BUT THEN IT WENT WAY DOWN AND IT WASN'T PULSING. BASICALLY THE CAR FELT LIKE IT LOST THE MAJORITY OF ITS BRAKING POWER AND DID NOT RETURN UNTIL I LIFTED UP AND PUSHED DOWN AGAIN BRIEFLY. I'VE HAD THIS HAPPEN MANY TIMES WHERE A SMALL AMOUNT OF BUMPS IN THE ROAD WILL CAUSE THE ABS "OVERREACT" FOR LACK OF A BETTER TERM.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
01-DEC-2003	Reference No. 10048945

OWNER INFORMATION (Type or Print)

Name [redacted]

Addr [redacted]

City [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG296X3G803154	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
08-MAR-03	PERFORMANCE SUBARU 919-942-3191			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City CHAPEL HILL	State NC	Zip Code 27514		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-DEC-2003	8400	15	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

LOSS OF BRAKING AT LOW SPEEDS ON ROUGH SURFACES. WHEN BRAKING ON AN UNEVEN PATCH ON THE ROADWAY AT APPROX 15MPH ABS SEEMED TO BE ACTIVATED HENCE REDUCING BRAKING EFFECTIVENESS. ALSO NOTICED THE PROBLEM AFTER RUNNING OVER A GENTLE SPEED BUMP AT SIMILAR SPEED. THIS SECOND INSTANCE CAUSED WHAT FELT LIKE A TOTAL LOSS OF BRAKING.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
18-DEC-2003	Reference No. 10050722

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
17-DEC-01				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 15

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-DEC-2003		5	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ABS ACTIVATES IN UNNECESSARY SITUATIONS. WHEN APPROACHING A STOP SIGN ON MY STREET, ON CLEAN DRY ASPHALT, THE ABS ACTIVATED WHEN GOING OVER A SMALL POTHOLE. THE BRAKE PEDAL WENT TO THE FLOOR AND THERE WAS NO BRAKING POWER UNTIL I RELEASED AND REAPPLIED THE BRAKE. THIS EXACT SITUATION HAS OCCURRED AT LEAST 10-15 TIMES AT THE SAME LOCATION. I HAVE ALSO EXPERIENCED THE UNNECESSARY ABS ACTIVATION AND BRAKE FAILURE IN OTHER LOCATIONS WHERE I HAVE DRIVEN OVER BUMPS OR PAVEMENT IRREGULARITIES. THE RESULT IS USUALLY THE ACTIVATION OF ABS, THEN THE LOSS OF BRAKING POWER, AND THE REQUIREMENT THAT THE BRAKES BE RELEASED AND REAPPLIED. TO THE BEST OF MY KNOWLEDGE, THIS IS NOT THE PORPER OPERATION OF AN ANTI-LOCK BRAKING SYSTEM. THIS BEHAVIOR HAS NOT YET CAUSED AN ACCIDENT OR ANY DAMAGE, BUT IT IS EASY TO SEE THAT IF I WERE IN CLOSER PROXIMITY TO OTHER VEHICLES OR OBJECTS, THE RESULT COULD BE CATASTROPHIC. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
02-JAN-2004	Reference No. 10051505

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29612G524361	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JAN-02	NORWOOD SUBARU 781-762-2400			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City NORWOOD	State MA	Zip Code 02062		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-NOV-2003	23000	35	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALBABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	4	0	Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

MY 2002 SUBARU WRX SEDAN HAS DISPLAYED UNRELIABLE ABS BEHAVIOR. THIS HAS RESULTED IN MY FIRST ACCIDENT IN 10 YEARS OF DRIVING. THE CAR APPEARS TO LOOSE VIRTUALLY ALL BREAKING POWER WHEN ENCOUNTERING ANY ROAD IMPERFECTIONS. WHILE THE ABS SYSTEM SHOULD ENGAGE IN SUCH AN EVEN, IT SHOULD DISENGAGE AS SOON AS IT CLEARS THE PROBLEM. HOWEVER, WHILE DRIVING, I HAVE NOTICED THE WRX CONTINUES TO LOOSE BREAKING POWER. WHILE DRIVING DOWN A 35-MPH ROAD, I ENCOUNTERED A MINOR COLLISION CAUSED BY A CAR BEING OBSTRUCTED OR CUT OFF. NORMALLY AT THIS SPEED I WOULD ASSUME 5-6 CAR LENGTHS TO BE SUFFICIENT TO STOP THE CAR, BUT WHILE BREAKING I ENCOUNTERED A SMALL DIP IN THE ROAD SURFACE. WHEN THE CAR PASSED OVER THE DIP, THE ABS ENGAGED, AFTER THAT POINT THE CAR CONTINUED TO LOOSE BREAKING POWER UNTIL I COLLIDED WITH THE CAR AHEAD OF ME. DURING THE YEAR I HAVE OWNED THE CAR, I HAVE ENCOUNTERED THIS PROBLEM A NUMBER OF TIMES ENON OF WHICH CAUSED AN ACCIDENT. I INITIALLY ATTRIBUTED IT TO THE BRAKE AND ROTOR WEAR, BUT AFTER REPLACING THE WHOLE BREAKING SYSTEM ABOUT A MONTH BEFORE THIS ACCIDENT, THE PROBLEM RE-OCCURRED. IT APPEARS TO BE SYSTEMIC TO THE ABS DESIGN/PROGRAMMING.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
04-JAN-2004	Reference No. 10052322

OWNER INFORMATION (Type or Print)

Name	[redacted]	E-mail Address
Addre		
City		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
16-JAN-02	DAN PERKINS			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City MILFORD	State CT	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-NOV-2003	20000	25	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

ABS OVER SENSITIVE - WILL OFTEN CAUSE FAILURE OF BRAKING POWER WHEN GOING OVER BUMPS/POTHOLES/ROAD SEAMS DURING NORMAL BRAKING. WILL CAUSE EXTENDED BRAKING DISTANCES DESPITE GOOD ROAD CONDITIONS AND SLOW TRAVEL SPEED. BRAKE PEDAL GOES TO FLOOR AND CAR FAILS TO STOP. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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Vehicle Owner's Questionnaire

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
19-JAN-2004	Reference No. 10054435

OWNER INFORMATION (Type or Print)

Name [redacted]
Address
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29653G805586	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
18-JUL-03	STEVE LEWIS 413-584-3292			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City NORTHAMPTON	State MA	Zip Code 01061		

Transmission Type			Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	Powertrain ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-JAN-2004	16600	15	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMA1BABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

BRAKE FAILURE. *CB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
21-JAN-2004	Reference No. 10054609

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29662G834593	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
03-JUN-02	SUBARU OF SCHAUMBURG 847-884-6000			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City SCHAUMBURG	State IL	Zip Code 60173		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	D46000 SERVICE BRAKES, AIR:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
17-SEP-2003	11005	35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABCD336)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

WHEN BRAKING OVER UNEVEN SURFACES OR BUMPS ON DRY PAVEMENT, THE ABS KICKED IN AND THE BRAKE PEDAL WENT TO THE FLOOR LEAVING ME WITH ABSOLUTELY NO BRAKES FOR A SECOND UNTIL I LIFTED MY FOOT OFF THE PEDAL AND REAPPLIED PRESSURE. THIS CAUSED ME TO ALMOST CRASH INTO THE CAR IN FRONT OF ME WHICH WAS STOPPED AT THE STOPLIGHT. I HAD TO CHANGE INTO THE RIGHT TURN LANE TO AVOID AN ACCIDENT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100149

Date Received	Repository ☐
21-JAN-2004	Reference No. 10054622

OWNER INFORMATION (Type or Print)

Name [redacted]
Addr
City

Daytime Telephone Number | E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG29603H809207	SUBARU	WRX	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
26-APR-03				No: Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-JAN-2004	6550	25	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMA19ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

I HAVE A 2003 SUBARU IMPREZA WRX STATION WAGON WITH AN AUTOMATIC TRANSMISSION. THE INCIDENT ON JANUARY 19, 2004 IS ONLY ONE OF AT LEAST FIVE EXAMPLES OF THE PROBLEM DETAILED BELOW. *AK

HERE IS THE RECURRING PROBLEM: WHENEVER I BRAKE AT RELATIVELY LOW SPEEDS (UNDER 30MPH AS FAR AS I REMEMBER) OVER EVEN MILDLY BUMPY SURFACES, THE BRAKE PEDAL DEPRESSES COMPLETELY TO THE FLOOR AND THE CAR DOES NOT BRAKE. THE CAR WILL NOT BEGIN BRAKING UNTIL I REALIZE WHAT IS GOING ON, RELEASE THE BRAKE PEDAL, AND THEN HEAVILY DEPRESS THE BRAKE PEDAL AGAIN. I ALMOST HIT ANOTHER CAR BECAUSE OF THIS ISSUE ON JANUARY 19, 2004. THIS IS VERY BAD, BUT EVEN WORSE IS WHAT HAS HAPPENED IN THE PAST – I LIVE IN SOUTHERN CALIFORNIA AND SOME OF THE PEDESTRIAN CROSSWALKS IN MY AREA UTILIZE RAISED, WHITE-PAINTED CONCRETE SURFACES TO HIGHLIGHT THE CROSSWALK. THIS RAISED, UNEVEN SURFACE HAS TRIGGERED THE BRAKE PROBLEM I'M DESCRIBING SEVERAL TIMES IN THE PAST. THIS IS VERY SCARY SINCE MY CAR MIGHT STRIKE A PEDESTRIAN IN THE CROSSWALK BECAUSE OF ITS INABILITY TO BRAKE SMOOTHLY ON UNEVEN SURFACES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
23-JAN-2004	Reference No. 10054743

OWNER INFORMATION (Type or Print)

Name [redacted]
Addre
City

Daytime Telephone Number | Email Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29632G503995	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
20-APR-01				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	092200 FUEL SYSTEM, OTHER: DELIVERY:HOSES, LINES/PIPING, ANI Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
31-DEC-2003	61000	0	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

OVERWHELMING FUEL SMELL INSIDE VEHICLE TO THE POINT OF MY EYES TEARING DUE TO THE STRONG SMELL OF FUEL AND PULL THE CAR OVER TO GET OUT AND BREATHE FRESH AIR. STRONG EVEN WITH THE HOOD CLOSED YOU CAN SMELL THE FUEL STANDING BY THE CAR. CANNOT DRIVE VEHICLE OR HAVE CHILDREN IN CAR.
ANTI-LOCK BRAKING SYSTEM ENGAGES PREMATURELY WHEN NOT NEEDED, CAUSING VEHICLE TO TRAVEL OVER A LONGER DISTANCE THAN NEEDED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
24-JAN-2004	Reference No. 10054794

OWNER INFORMATION (Type or Print)

Name [redacted] | Daytime Telephone Number | E-mail Address

Addr [redacted]

City [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11-AUG-03				No. Cylinders 4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC;ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-DEC-2003	59027	55	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHAL9ABC096)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure-Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

I DRIVE A 2002 SUBARU IMPREZA WRX SEDAN. THE ABS SYSTEM IS TERRIBLE ON THIS VEHICLE AND HAS NUMEROUS TIMES FAILED TO APPLY PRESSURE TO THE BRAKE SYSTEM, REGARDLESS OF PEDAL POSITION. ONE TIME SPECIFICALLY THIS CAUSED ME TO NOT BE ABLE TO AVOID HITTING A DEER, AND DOING 4000 DOLLARS OF DAMAGE TO MY VEHICLE. THE DEALERSHIP DENIES ANY PROBLEMS, BUT I WAY MORE THAN ENOUGH STOPPING DISTANCE WHERE ANY VEHICLE SHOULD HAVE BEEN ABLE TO STOP. THE SURFACE WAS ROUGH ASPHALT. I WAS GOING APPROXIMATED 55 MPH (SPEED LIMIT), AND WAS 200 FT AWAY FROM THE DEER WHEN I FIRST APPLIED PRESSURE TO THE BRAKE PEDAL. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Form Approved OMB No. 2127-0004

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
02-FEB-2004	Reference No. 10056344

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: [redacted]
Daytime Telephone Number: [redacted] E-mail Address: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GD29692G507209	SUBARU	WRX	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10-JUL-01				No. Cylinders 4	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-FEB-2004	30000	35	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

I WAS TRAVELING ON A STREET WITH SOME CONSTRUCTION ACTIVITIES APPROACHING AN INTERSECTION. THERE WAS A SMALL ROAD IRREGULARITY ON THE ROAD. THIS ROAD IRREGULARITY SPANS ACROSS BOTH OF THE FRONT WHEELS. WHEN I APPLIED THE BRAKE (BEFORE I CAN FEEL THE ROAD IRREGULARITY), THE CAR CONTINUED TO LEAP FORWARD FOR A MOMENT AND THE BRAKING DISTANCE WAS MUCH GREATER THEN I ANTICIPATED AND NOT THE NORMAL BEHAVIOR OF THE CAR. HAVE THERE BEEN A CAR I STRONGLY BELIEVE THAT MY CAR'S ABS BRAKING SYSTEM HAS A PROBLEM. *1B

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY