



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 252

Date Received

Repository

RECEIVED
FEB 2 10 08 AM '03

08 JAN 2003

Reference No.
10002369

OWNER INFORMATION (Type or Print)

DEFECTS INVESTIGATION

Name

Address

City

BELMONT

State MA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone 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 2/2/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

PLEASE FILL IN WVWPD63B72P449382

Make

VOLKSWAGEN

Model

PASSAT

Model Year

2002

Date Purchased

Dealer's Name and Telephone Number

QUIRK VW

Engine:

No: Cylinders

4

Fuel Type:

gasoline

Original Owner

Dealer's City

QUINCY MA

State MA

Zip Code

02169

Transmission Type

M 5 spd

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

116000 ELECTRICAL SYSTEM:IGNITION

Multiple Failure: 3 ignition coils have failed.

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-JAN-2003

Failure Mileage

Failure Speed

at engine start each time

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

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 IGNITION COIL ARE WARPED CAUSING THE VEHICLE TO RUN POORLY. THE VEHICLE WILL SHUT DOWN WITHOUT PRIOR WARNING. PLEASE PROVIDE ADDITIONAL INFORMATION DEALER IS AWARE OF THE PROBLEM. TS

defective

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-579: This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.