



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  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1375

Date Received

Repository

FEB 14 JAN 2003

Reference No.  
10003717

**OWNER INFORMATION (Type or Print)**

DEFECTS  
OFFICE  
Daytona Telephone Number  
Evening Telephone Number  
SOME

Name: [Redacted]  
Address: [Redacted]  
City: PEKIN State: IL Zip Code: [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: 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **WVWPDG3B32P354589**

Make: VOLKSWAGEN	Model: PASSAT	Model Year: 2002
Date Purchased: 8/02	Dealer's Name and Telephone Number: <b>Midtown Imports 309-347-3191</b>	Engine: No. Cylinders: 4
Original Owner: <input checked="" type="checkbox"/>	Dealer's City: <b>PEKIN</b>	State: <b>IL</b> Zip Code: <b>61554</b>
Transmission Type: <b>A</b>	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain: <b>1.8T</b>
Vehicle Component Code: 116000 ELECTRICAL SYSTEM: IGNITION		Fuel Type: <b>Premium</b>
Multiple Failure: <b>Yes</b>		

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 27-DEC-2002	Failure Mileage: 4042	Failure Speed: 0
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**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: DOTM19ABC036):	<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured:	Number of Deaths:	Reported to Police: N
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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).

CONSUMER STATES THAT IGNITION COILS ARE DEFECTIVE AND FAIL WITHOUT WARNING CAUSING VEHICLE TO STALL WHILE DRIVING. CONSUMER HAS HAD 3 COILS FAIL. MANUFACTURER IS AWARE OF THE PROBLEM, BUT WILL NOT REPLACE UNTIL COMPONENT FAILS. TS

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

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.