



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 1375

Date Received: MAR-5 09 8:13  
14-JAN-2003  
Repository   
Reference No. 10003790  
OFFICE DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: MELTON State: MA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening 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

Vehicle Identification Number: **WVAD63B22P123893**  
Make: VOLKSWAGEN Model: PASSAT Model Year: 2002  
Date Purchased: 11/12/2001 Dealer's Name and Telephone Number: (508) 822-8987  
Original Owner:  Dealer's City: 3800 Hamlin Rd Auburn Hill, MI Zip Code: 48326  
Engine No: Cylinders: Fuel Type:  
Transmission Type: AUTOMATIC Antilock Brakes:  Powertrain:  Cruise Control  
Vehicle Component Code: 116000 ELECTRICAL SYSTEM:IGNITION  
Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 09-JAN-2003 Failure Mileage: 6000 Failure Speed:

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) 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:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: 0 Number of Deaths: 0 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).

CONSUMER STATES THAT 1 IGNITION COIL FAILED WHILE DRIVING ON THE HIGHWAY CAUSING THE VEHICLE TO STALL. MANUFACTURER WILL NOT REPLACE ADDITIONAL COILS UNTIL THEY FAIL. CONSUMER IS FEARFUL OF DRIVING UNRELIABLE VEHICLE. TS

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.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**