



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 100146

Date Received

Repository

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17-JAN-2003

Reference No.
10004161

OWNER INFORMATION (Type or Print)

Name

Address

City WESTLAKE

State OH

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 authorized signature, please provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 02/10/03

VEHICLE INFORMATION

Vehicle Identification Number
WWWPDG3BB2P357309

Make
VOLKSWAGEN

Model
PASSAT

Year
2002

Date Purchased
01/03/02

Dealer's Name and Telephone Number
Gambler Westside Imports, Inc. 440-734-2200

Engine:
No. Cylinders
4

Fuel Type:

Original Owner

Dealer's City
North Olmsted

State
OH

Zip Code
44070

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

115100 ELECTRICAL SYSTEM:IGNITION:SWITCH

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
17-JAN-2003

Failure Mileage

Failure Speed

Failure has not occurred, but I am concerned that it will occur.

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 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).

CONSUMER STATED THE IGNITION SYSTEM WAS HIGHER THAN NORMAL, CAUSING THE CAR TO LOSE POWER. BUT THE CAR WOULD KEEP RUNNING. TS

The failure has not occurred in my car, but I am concerned about the possibility of a failure with the ignition system (as reported by the manufacturer in a letter dated 01/31/03). I travel with 2 small children on the backseat everyday, and a loss of power at high speeds could cause a serious accident. I want the potential problem fixed before it happens!

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.