



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 335

Date Received **RECEIVED** Repository

03 FEB 21 21-JAN-2003
Reference No. 10004230

DEFECTS OFFICE INVESTIGATION

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CLEVELAND State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [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 [REDACTED] Date **2/14/03**

VEHICLE INFORMATION

17-digit vehicle identification number (VIN) NOT AVAILABLE **VWVVD63B92L014187** Make VOLKSWAGEN Model PASSAT Year 2002

Date Purchased **8/10/01** Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders [REDACTED] Fuel Type: [REDACTED]
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Transmission Type Antilock Brakes Cruise Control Powertrain [REDACTED] Vehicle Component Code 062200 ENGINE AND ENGINE COOLING: COOLING SYSTEM: FAN
Multiple Failure: [REDACTED]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **1/2/03** Failure Mileage **8272 11,958** Failure Speed **ENGINE COIL**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM15ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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 [REDACTED] Number of Deaths [REDACTED] 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).

WHILE DRIVING CHECK ENGINE LIGHT ILLUMINATED. CONSUMER STATES DROVE TO DEALER AND DEALER STATED ENGINE COIL NEEDED REPLACING. PARTS WOULD NOT BE AVAILABLE FOR THREE WEEKS. PLEASE PROVIDE ANY FURTHER INFORMATION. TS

DEALER THEN DECLINED TO REPLACE ALL COILS, EVEN THOUGH THERE IS A RISK OF ENGINE FIRES WHEN A COIL MALFUNCTIONS. VW'S POLICY IS TO ONLY REPLACE INDIVIDUAL COILS AS THEY GO BAD.

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.