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 1367

RECEIVED
03 FEB 25 AM 6:55
OFFICE OF DEFECTS INVESTIGATION

Date Received 25-JAN-2003 | Repository ☐ | Reference No. 10004828

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City BROOKLINE | State MA | Zip Code [redacted]
Daytime Telephone Number [redacted] | 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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
WVWVD63B32E[redacted]	VOLKSWAGEN	PASSAT	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
MAY 2002	BOSTON VW 617.734.1300	TURBO 4	

Original Owner	Dealer's City	State	Zip Code
☒	BOSTON	MA	

Transmission Type			Vehicle Component Code
AUTOMATIC	☑ Antilock Brakes ☑ Cruise Control	Powertrain	116000 ELECTRICAL SYSTEM:IGNITION Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24-JAN-2003	5200	25 MPH

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 VEHICLE SUDDENLY LOST ALL POWER WITHOUT WARNING. THE DEALERSHIP INDICATED THAT THIS WAS CAUSED BY 2 OF THE IGNITION COILS FAILING. THIS IS A COMMON PROBLEM, BUT THE DEALERSHIP REFUSES TO REPLACE THE OTHER 2 COIL SPRINGS UNLESS THEY FAIL. CONSUMER FEELS THIS VEHICLE IS UNSAFE AS A RESULT OF THE OTHER 2 COIL SPRINGS CAN GO AT ANYTIME AND LEAVE HER STRANDED AGAIN. TS

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