



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 111

Date Received
29 JAN 2003
5 04 PM '03

Repository

Reference No.
10004856

OWNER INFORMATION (Type or Print)

Name
Address
City CAMBRIDGE State MA Zip Code

Office Telephone Number
Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an address, provide your name or address to the vehicle manufacturer.
Signature of Owner Date 2/23/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
WWWPD63B1ZE407740
Make VOLKSWAGEN Model PASSAT Model Year 2002
Date Purchased Nov 2002 Dealer's Name and Telephone Number South Shore VW
Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State MA Zip Code
Transmission Type MANUAL Antilock Brakes Cruise Control Powertrain
Vehicle Component Code D6132D ENGINE AND ENGINE COOLING:ENGINE:OTHER FUEL TYPES:
Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage Failure Speed
Dec 10, Feb 26, 3 5000 0-40mph
Ignition coil -> 3 out of 4 have failed on 3 separate occasions.

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: DOTM1A9ABC036) 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 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).

THE SPARK PLUGS/IGNITION COIL HAS A MANUFACTURES DEFECT. BOTH COMPONENTS CAUSES THE VEHICLE TO LOSE POWER WITH NO WARNING. PH
The first occurrence was in northern Vermont - the vehicle lost power and would not run above 5 mph. We pulled the car to the side of the road and waited in NSF weather for 4 hours for a tow truck. This problem has recurred two other times. We believe it is a safety issue due to the sudden loss of power at potentially high speeds.

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.