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	Repository ☐
09-JUN-2003	Reference No. 10022660

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	Evening Telephone Number	
City TOLEDO	State OH	Zip Code [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 [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/21/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WVWPD63B0XE490465	VOLKSWAGEN	PASSAT GLX	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders 6	Fuel Type:
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☑ Antilock Brakes ☑ Cruise Control		220000 SEATS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-MAY-2003	92,150		

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).

CONSUMER MOVED THE DRIVER'S SEAT TO ITS FULLY FORWARD POSITION IN ORDER TO RETRIEVE A DROPPED ITEM. THE SEAT BECAME STUCK IN THAT POSITION AND COULD NOT BE MOVED. *AK

THIS IS AN UNSAFE POSITION FOR THE SEAT TO BE IN ACCORDING TO THE OWNERS MANUAL - AS IT ALLOWS POSSIBLE INJURY IN AIRBAG DEPLOYMENT. IT IS VERY COSTLY TO REPAIR & I CAN NOT AFFORD THE DUES AT THIS TIME. I AM FORCED TO DRIVE THE CAR IN THIS POSITION.

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