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 100079

Date Received	Repository
2003 SEP -2 AM 11:04 29-JUL-2003	☐ Reference No. 10031372

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	Evening Telephone Number	
City: CAMBRIDGE	State: MA	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 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: VOLKSWAGEN	Model: PASSAT	Model Year: 1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders: 4	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code 021530 SUSPENSION:FRONT:CONTROL ARM:LOWER ARM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
29-JUL-2003	35,000		

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: DOTMALSABC036)	☐ 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).

~~INDEPENDENT TECHNICIAN STATED THE NEED TO REPLACE THE LOWER CONTROL ARM. DEALER STATED THERE WAS NOT TIME YET TO BE REPLACED. FAX~~ [redacted]

CONSTANT GRINDING AND SQUEALING IN FRONT END SUSPENSION WHEN TRAVELING AT LOW SPEEDS. DEALER SAYS LOWER RIGHT CONTROL ARMS NEED TO BE REPLACE $1200.00 REPAIR. CLAIMS IT IS NOT A SAFETY ISSUE. SAID THAT IT DOESN'T MATTER HOW MANY MILES (ONLY 35,000) IT IS WEAR OF RUBBER PARTS

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