



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 100145

Date Received

13-AUG-2004

Repository ☐ g

Reference No.
10087831

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: WEEHAWKEN State: NJ Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an address to the vehicle manufacturer, ☐ Yes ☒ NO
Signature of Owner: [REDACTED] Date: 8/21/04

VEHICLE INFORMATION

13 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 88WGC61J014
Make: VOLKSWAGEN Model: GOLF Model Year: 2001
Date Purchased: 01/00 Dealer's Name and Telephone Number: METRO VW
Original Owner: [REDACTED] Dealer's City: IRVING (?) State: TX Zip Code: [REDACTED]
Engine: No. Cylinders: 4 Fuel Type: GAS
Transmission Type: ☐ Automatic ☒ Manual Antilock Brakes: ☐ No ☒ Yes Powertrain: ALL ELECTRIC
Vehicle Component Code: 125100 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 09-AUG-2004 Failure Mileage: 50800 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R16): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] ☐ 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: 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).

WHILE DRIVING THE BRAKE LIGHT SWITCH FAILED. AS A RESULT, VEHICLE WAS LEFT WITH NO INDICATION OF STOPPING, AND THE CRUISE CONTROL WAS DEACTIVATED. CONSUMER WAS CONCERNED THAT HE WILL BE REAR ENDED DUE TO THE FAILURE. *AK

Work Order Receipt
Copies attached

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**