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

2004 OCT 19 PM 12:14

FOR AGENCY USE ONLY 100079	
Date Received 27-SEP-2004	Repository ☐
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OWNER INFORMATION (Type or Print)

Name			
Address [redacted]		Daytime Telephone Number [redacted]	E-mail Address
City CLIFTON PARK	State NY	Zip Code [redacted]	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
WWVRH83B74P[redacted]	VOLKSWAGEN	PASSAT	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
4/22/2004	Nemer VW (518) 785-5581			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City Albany,	State NY	Zip Code 12110		

Transmission Type			Vehicle Component Code
MANUAL	☐ Antilock Brakes ☒ Cruise Control	Powertrain FRONT WHEEL DRIVE	101100 POWER TRAIN:CLUTCH ASSEMBLY:PEDAL/LINKAGE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-SEP-2004			

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: DOTMAL9ABC096)	☐ 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 to 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	0	0	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).

~~DISTANCE BETWEEN THE GAS AND CLUTCH ARE DESIGNED POORLY. WHEN TRANSFERRING FEET FROM ONE PEDAL TO ANOTHER CONSUMERS FOOT WILL GET STUCK BETWEEN THE PEDALS. DEALERSHIP HAS BEEN NOTIFIED. PAK~~

There is a gap between the clutch pedal and the footrest to the left of the clutch pedal. my foot has gotten caught in there on some occassions. Dealership has removed footrest.

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