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 100222

Date Received 2005 06-JAN-2005

Repository ☐

Reference No. 10106962

OWNER INFORMATION (Type or Print)

Name

Address

City LINCOLN | State NE | Zip Code

Daytime 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/18/5

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WVWPD63B63P	VOLKSWAGEN	PASSAT	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
	WILLIAMSON VW (402)437-1220	4	Gas

Original Owner	Dealer's City	State	Zip Code
☒	LINCOLN	NE	68502

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	221700 SEATS:FRONT ASSEMBLY:SEAT HEATER/COOLER
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-JAN-2005	22000	N/A	SEAT HEATER BURNED THROUGH PADDING AND SEAT COVER.

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	1	0	NO

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 SMELLED AN ODOR IN THE VEHICLE. CONSUMER ASKED HER SPOUSE TO CHECK IT OUT. CONSUMER TURNED SEAT HEATER ON AND THE SEAT STARTED TO BURN. THE SEAT SLIGHTLY SCORCHED THE CONSUMER. *AK

I WAS BURNED - SLIGHT - DID NOT REQUIRE TREATMENT. THE ODOR MY WIFE NOTICED (ERROR) WAS APPARENTLY HER COAT BURNING.

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