



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

2 PM 3:30
09-FEB-2005

Repository

Reference No.
10111218

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: GORE State: VA 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? 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: 3AWCP21C02M [REDACTED]
Make: VOLKSWAGEN Model: BEETLE Model Year: 2002
Date Purchased: _____ Dealer's Name and Telephone Number: _____
Engine: _____ Fuel Type: Gas
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 126000 EXTERIOR LIGHTING:TURN SIGNAL
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-OCT-2002
Failure Mileage: 1200
Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/66R16): _____
DOT No. (Example: DOTM19ABC038): _____
 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(es).)

Crash: Yes No
Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(es).
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).

THE TURN SIGNALS TO NOT WORK. CONSUMER HAS TO REMOVE THE BULB AND REPLACE THEM TO MAKE THEM WORK. VEHICLE HAS BEEN SERVICED FOR THE ONGOING PROBLEM, AND THE DEALER HAS ONLY REPLACED THE BULBS.*AK

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

The Privacy Act of 1974 (Public Law 93-502) 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Front turn signal bulbs (both sides) intermittently stop working. Bulbs have been replaced in the past, although they were NOT burnt out. Problem seems to reside within the socket itself. It appears that the connection between the socket and the bulb is not sound and therefore the bulb rattles loose and without making good contact, does not function. After tightening, it will work for a few days and then the problem occurs again. It is frustrating to continue to have to remove the lens and tighten the bulb on a constant basis. VW will not pay to fix the problem, nor can I get a clear diagnosis of needed repairs to eliminate the problem. VW is happy to tighten the bulbs and tell me that it works, which I can do myself. I am seeking a more permanent solution to this problem.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79179 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS

COMPLETE THIS FORM

OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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