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 100192

Date Received	Repository ☐
08-MAR-2005	Reference No. 10113640

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City VIRGINIA BEACH | State VA | Zip Code [redacted]
Daytime Telephone Number [redacted] | 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 [redacted] Date 3/02/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WWMD63B34[redacted]	VOLKSWAGEN	PASSAT	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Mar 04	Greenbrier VW 757-424-4689			4	Gas
Original Owner ☒	Dealer's City Chesapeake	State VA	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
29-DEC-2004	11000	35	

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: DOTMALBABC036)	☐ 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	Y

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 AT APPROXIMATELY 35 MPH DRIVER T-BONED ANOTHER VEHICLE ON THE PASSENGER'S SIDE AND THE AIR BAGS IN THE FRONT OF THE VEHICLE FAILED TO DEPLOY. *AK

Damage was so extensive car was deemed a total loss. Son suffers from sprained lowerback, hyper extended knees, misaligned hips, etc. I asked both VW safety advocate + local dealer servicemanager as they did not want to test functioning of air bag system but neither showed any interest or concern.

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